DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 085041 05/17/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **DELMAR NURSING & REHABILITATION CENTER** 101 E. DELAWARE AVENUE **DELMAR, DE 19940** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 000 **INITIAL COMMENTS** F 000 An unannounced annual survey was conducted at this facility from May 7, 2012 through May 17, 2012. The deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of other facility documentation as indicated. The facility census the first day of the survey was 94. The Stage 2 sample totaled 47 residents. F 164 483.10(e), 483.75(I)(4) PERSONAL F 164 F164 PRIVACY/CONFIDENTIALITY OF RECORDS SS=D 6/8/2012 It is the practice of Delmar Nursing & Rehabilitation The resident has the right to personal privacy and Center to ensure each resident has the right to confidentiality of his or her personal and clinical personal privacy and confidentiality of his or her records. personal and clinical records. Personal privacy includes accommodations, No corrective action can be accomplished for this medical treatment, written and telephone incident. communications, personal care, visits, and meetings of family and resident groups, but this Residents of Delmar Nursing & Rehabilitation Center does not require the facility to provide a private have the potential to be affected by this practice. room for each resident. The nursing staff has been re-educated to ensure Except as provided in paragraph (e)(3) of this they are providing privacy during care (Attachment section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility. Privacy audits will be conducted weekly for 3 months by a nursing supervisor (Attachment B). The resident's right to refuse release of personal and clinical records does not apply when the Results of these audits will be forwarded to the resident is transferred to another health care Quality Assurance Committee for review. The institution; or record release is required by law. Quality Assurance Committee will determine the The facility must keep confidential all information need for further audits. contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

In the last that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ollowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 lays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			NULTIPE	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 164	by: Based on observatifacility failed to provate sident (R1) during Findings include: During the initial tout was having a wound extremities were visible room. This was surveyors. E8 (nursidessing change and		F	164	1		
F 241 SS=E	483.15(a) DIGNITY INDIVIDUALITY The facility must promanner and in an er	mote care for residents in a principle of the care for residents in a principle of the care for respect in the care for the care for the care for respect in the care for the care for the care for respect in the care for residents in a care for resident in a care for residen	F 2	41			
	by: Based on observation determined that the information of the formation of the maintained or endignity and respect in individuality for seven R121 and R62) out of Additionally, during determined in the maintained of the seven R121 and R62.	ons and interviews, it was facility failed to promote care nner and in an environment thanced each resident's in full recognition of his or her in (R60, R86, R99, R2, R25, f 47 sampled residents. ining observations on May 7, 2, observations revealed			•		

CENT	ERS FOR MEDICARI	E & MEDICAID SERVICES			FORM APPROVE		
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED		
j		085041	B. WING		05/47/0040		
DELMA	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	ł	TREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940	<u> </u>		
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F. 24	cartons without bevinclude: 1. Observation on the E11 (Certified Nursing R86's room without permission to enternative to knock before the E11 (Certified Nursing R86's room without permission to enternative to knock before the E11 (Certified Nursing R86's room without permission to enternative to knock before the E11 (Certified Nursing R90 and early evening stronger that the switch the testident that the switch that the switch resident. 3. On 5/7/12 at about observed pulling R90 down the hallway frowards the resident. 4. During the lunch cat 12:43 PM, the first	served milk directly from erage glasses. Findings 5/10/12 at 8:55 AM revealed ing Assistant/CNA) entered knocking and/or asking for E11 acknowledged that she re entering the room. and in the morning on oserved throughout the day nifts to be wearing a dark gray weater with a large hole in the she knew how to sew and sout an hour later E18 eater had been mended for in the gerichair backwards in her gerichair backwards in the assisted dining room is room.		It is the practice of Delmar Nursing & R Center to promote care for residents in and in an environment that maintains of each resident's dignity and respect in for of his or her individuality. No corrective action can be accomplish incidents. Residents of Delmar Nursing & Rehabilithave the potential to be affected by the The nursing staff has been re-educated on doors before entering; ensuring that are wearing appropriate clothing; pushichair with a resident facing forward; ensuresidents in the same room are fed at the or the curtain is pulled; staff members a when feeding; privacy curtain is pulled if is NPO; and each beverage is poured integlass or a separate straw is provided (AttaA, C). Dignity Audits will be conducted weekly months by a nursing supervisor (Attachmembers of these audits will be forwarded).	ed for these tation Center se practices. on knocking residents ing a geri suring that se same time re to sit a resident o a separate tachments for 3 ment D).		
	Unit. At 12:51 PM, the first Unit. At 12:51 PM, Ralunch tray eating. R40 have his tray and was 12:55 PM, R2 still did	cart arrived to the Station 3 40 was in his room with his D's roommate, R2 did not is in view of R40 eating. At not have his tray. At 1 PM unch tray into the room to	(Results of these audits will be forwarded Quality Assurance Committee for review. Quality Assurance Committee will detern need for further audits.	The		
	On 5/9/12 at 8·10 AM	R2 was in had Dal-					

CENTERS FOR MEDICARE	& MEDICAID SERVICES			FORM APPROVE
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been fed his breakfa observed being fed l	ge 3 d R60 had their breakfast g. R60 stated that R2 had not list yet. At 8:22 AM, R2 was by E20 (CNA) while she ad of sitting in a chair.	F 241	•	
observed in R25's ro	PM, E19 (nurse) was som standing over her while r lunch tray and feeding her			
revealed that R58 red his roommate, R121, with eating, was in be PM, R121 received h assistance. The prive	ation on 5/8/12 at 12:52 PM ceived his lunch tray, while who needed assistance ed with no meal tray. At 1:19 is tray and began receiving acy curtain was not used erve R58 eat his lunch for 27			
revealed R61, who re eating, received her the her. R62 was lying in feet away with the prinagainst the wall. R62 order for nothing by meaning the here.	ation on 5/8/12 at 12:01 PM, equired assistance with ray and staff began assisting a her bed little more than 3 vacy curtain wrapped up was a resident who had an nouth. This resident was R61 while she was fed.			
dinner observation on room, multiple resident directly from milk cartors, containers. Residents flatware packet, althous	cans of soda and juice received one straw in their light they had multiple		·	
ORM CMS-2567(02-99) Previous Versions Obs	solete Event ID; EC8I11	Facility	ID: DE0025	If continuation sheet Page 4 of 67

CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES			PRINTED: 05/31/2012 FORM APPROVED OMB NO. 0938-0391
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NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	05/17/2012 DE
	R NURSING & REHABI			101 E. DELAWARE AVENUE DELMAR, DE 19940	
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F 241	Continued From pag drinks. Additionally, available for the res drinks into.	ge 4 there were no extra cups idents to be able to pour	F 24	31	
F 246 SS=E		DNABLE ACCOMMODATION RENCES	F 24	16	
	services in the facilit accommodations of	individual needs and when the health or safety of		F246 It is the practice of Delmar Nursing Center to ensure each resident has reside and receive services in the freasonable accommodations of incorreferences, except when the heal individual or other residents would	s the right to acility with dividual needs and Ith or safety of the
	by: Based on observation interview, it was determined to ensure that four (formula in the context of the contex	T is not met as evidenced on, record review and ermined that the facility failed R25, R34, R86 and R65) out		No corrective action can be accom incidents. Residents of Delmar Nursing & Rehhave the potential to be affected b	nabilitation Center
	reasonable accomm and preferences. Fin			The nursing staff has been re-educe the residents have access to the ca (Attachment C).	
	11:30 AM. The call I side rail with the leng between the mattres unable to access the interview with E9 (nu	d lying in bed on 5/7/12 at bell cord was tied to the right of the cord running down is and side rail. R65 was call bell. During an rse) at 11:40 AM, she stated to of using the call bell and		Call Bell Audits will be conducted b nurses each shift, weekly, x 3 mont E). Results of these audits will be forw	hs (Attachment
	acknowledged that it resident where it was	was not accessible to the		Quality Assurance Committee for re Quality Assurance Committee will oneed for further audits.	
	2. On 5/9/12 at 8:37 assated in bed. The ca	AM, R34 was observed all bell was on the floor on	·		

DEPAR CENTE	RTMENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES			FORM): 05/31/2012 1 APPROVED 1. 0938-0391	
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	an atrent in spine in a single	085041	B. WING_		054	05/47/0040	
	PROVIDER OR SUPPLIER R NURSING & REHAB	ILITATION CENTER	[1	REET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940	<u> U5/1</u>	7/2012	
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F 246	(Certified Nursing A R34's call bell was c 3. On 5/9/12 at 10:0 seated in a recliner call bell was clipped R86 was unable to r E10 (CNA) following	bed near the wall. E10 ssistant) acknowledged that put of reach. 6 AM, R86 was observed near the foot of his bed. The to the center of the bed, but reach it. In an interview with the observation, she stated	F 246				
· · · · · · · · · · · · · · · · · · ·	located. 4. On 5/7/12 at 1:03 bed with her lunch to the floor out of reach went into the room without noticing the Then, E2 (Director of to care for R25's room	B PM, R25 was observed in ray and her call bell was on a. At 1:12 PM, E23 (CNA) washed her hands and left call bell was on the floor. If Nursing) went into the room mate and E2 left without ell on the floor. At 1:16 PM,			and the second s		
	E18 (CNA) went in the roommate and close was opened and the At 1:18 PM, E19 (nu	ne room to care for R25's d door. At 1:17 PM, the door call bell was still on the floor. rse) entered the room to unch tray. The call bell					
SS=E	one noticed her call is she was alone in bed 483.15(f)(1) ACTIVIT INTERESTS/NEEDS	TES MEET S OF EACH RES	F 248				
	the comprehensive a	vide for an ongoing program to meet, in accordance with ssessment, the interests and and psychosocial well-being	The second secon				

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DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO: 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING B. WING 085041 05/17/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE **DELMAR NURSING & REHABILITATION CENTER** DELMAR, DE 19940 (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES Ð TAGE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX DATE a. CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) F 248 _{F248} F 248 Continued From page 6 It is the practice of Delmar Nursing & Rehabilitation 6/8/2012 This REQUIREMENT is not met as evidenced Center to provide for an ongoing program of activities designed to meet, in accordance with the Based on clinical record review, observations **深端**/ 包括 comprehensive assessment, the interests and the and interview, it was determined that the facility physical, mental, and psychosocial well-being of failed to ensure that five residents (R65, R99, R89, R129, and R116) out of 47 sampled, each resident. received an ongoing program of activities designed to meet, in accordance with the No corrective action can be accomplished for those comprehensive assessment, the interests and the residents. physical, mental, and psychosocial well-being of each resident. Findings include: Residents of Delmar Nursing & Rehabilitation Center have the potential to be affected by this alleged 1. R65 was readmitted to the facility post deficient practice. The Activities Director has hospitalization on 1/11/12, R65's diagnoses reviewed and updated the Activities Calendar, to included congestive heart failure, hypertension, ensure the Activities Program is comprehensive and diabetes mellitus, cerebrovascular accident individual needs are met (Attachment F). (stroke), Parkinson's disease, depression, glaucoma, and chronic obstructive pulmonary disease. An Activity Care Plan audit will be conducted by the Administrator each month x 3 months (Attachment The annual Minimum Data Set (MDS) G). assessment, dated 2/14/12, stated R65's cognitive skills were moderately impaired and that Results of these audits will be forwarded to the on 7-11 days of the review period, he had little Quality Assurance Committee for review. The interest or pleasure in doing things. The same Quality Assurance Committee will determine the MDS regarding R65's interview of preferences for customary routine and activity stated that the need for further audits. following were "very important" to him: listening to music he likes, keeping up with news and going outside to get fresh air when the weather is good. The MDS stated that the following activities were "somewhat important: doing things with groups of people, to do favorite activities, and to participate in religious services or practices." R65 required extensive assist of one staff for bed mobility,

transfer, walk in room and corridor and

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY : COMPLETED		
		085041	B. WIN			05/1	7/2012	
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F 248	R65 had a care plate 1/24/12. The goal of and remind residen	_	F	248				
	with residents, soci newspaper, and spr approaches include monthly calendar, v			7				
	1/12/12 through 2/1 participated daily in as, watching televis socializing, morning and/or having visito that the resident wa	ties participation log from 7/12 revealed that R65 one or more activities such ion, reading, exercise, greets, indoor/outdoor walks rs. There was no evidence s invited to any religious sic programs or that he had				・ 一般の ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・		
	was hospitalized fro	al record revealed that R65 m 2/18/12 through 3/2/12.				The state of the s	The state of the s	
	Assessment" was c stated R65 has need and that his current music, reading (noted listening to TV programmers) talking/conversing. dated 3/8/12 stated moderately impaired preferences for cust was not conducted visited R65 has need R65 has nee	ties-Resident Activity ompleted. This assessment ds due to vision impairment, interests include country ation "we read to him"), rams, gardening/plants, and A significant change MDS, R65's cognitive skills were I and that an interview of omary routine and activity with the resident because he rstood. The staff assessment	:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	ROVIDER OR SUPPLIER		_1	10	EET ADDRESS, CITY, STATE, ZIP CODE D1 E. DELAWARE AVENUE ELMAR, DE 19940			
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F 248	Continued From pa	ge 8	F:	248		* 3		
	resident prefers sna family or significant discussions. This s totally dependent o ambulate in his roo totally dependent o locomotion on and not reviewed and re R65's decline in ac-	preferences only stated the acks between meals and other involvement in care ame MDS stated R65 was not two staff for transfer, did not more the corridor, and was none staff person for off the unit. The care plan was evised at this time to reflect tivity participation, nor were as identified to ensure an factivities for R65.		And the state of t				
A STATE OF THE STA	3/3/12 through 5/9/ (listened to) TV and provided. There wa offered to read the take him outdoors of country music static	ities participation log from 12 revealed that R65 watched I that "morning greets" were is no evidence that the facility newspaper to R65, offered to on a nice day, offered any ons via TV or radio or provided e conversing with the resident.						
	Multiple observation and 5/9/12 revealed the TV playing while time. 2. R99 had an initial 2/9/11 that docume music, religious ser	ns of R65 on 5/7/12, 5/8/12 If the resident lying in bed with the he lay sleeping most of the all activity assessment dated interests in all kinds of vice and music, going out for	:					
	The resident's annu 3/6/12 indicated R9 decision making, w	a past interest in flowers. all MDS assessment dated 9 was severely impaired for as dependent on staff for ing and had an activity ing to music.				**************************************		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1' '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		A. BUILDING					
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NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHAE	BILITATION CENTER	101	ET ADDRESS, CITY, STATE, ZIP C I E. DELAWARE AVENUE LMAR, DE 19940	ODE	<u> </u>		
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that stated patient and independent a music, watching te spiritual, taking rid permits. The goal satisfaction with days. Approaches attend activities for adequate reading activities, monitor remind patient of sie of interest and materials needed if review date was 12 goals were partly r	itiated for activities on 3/7/11 needs to pursue both group activities of interest such as elevision, talking and socializing, es and outdoors when weather was that patient will express ally routine by next review in 90 included invite/encourage to rinterest, ensure patient has material to pursue leisure for changes in activity needs, special group activities that may assist patient in securing for activity of choice. The last 2/1/11 and documented the met due to health decline will	F 248					
the interventions o 2/9/11 and residen	rsician Order Sheet included f Activities 3-5 PM initiated on it will be up 2 hours at lunch ner initiated on 2/28/11,						
5/10/12 noted the when up to the ger R99 was not seen	9 daily from 5/7/12 through resident to be in bed except i-chair for lunch and dinner, attending any activities. Only radio noted to be on in the						
3/1/12 through 5/1/ the resident had the television was on, on No other activities occurred.	vities Participation Log from 0/12 indicated that on 22 days e radio on, two days the one room visit and one visitor, were documented as having 0/12 at 2:50 PM with E12			The state of the s			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/31/2012 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	1	A. BUILDING		COMPLETED			
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F 248	been seen going to been seen involved 3. R89 was admitt The admission MD documented that F	ourse) revealed that R99 had and from lunch but has not d in activities. Ted to the facility on 3/19/12. IS assessment dated 3/26/12. IS was moderately impaired	F	248	-				
	for cognitive daily of verbalized that it were favorite activity newspapers, maga around animals, ke outside to get fresh and participate in responsibility and transfer	decision making and that R89 has very important for her to do which included reading books, azine, listing to music, being seep up with the news, go a air when the weather is good, eligious services and practices asive assist of one staff for bed ser, did not walk and required ce of one staff person for							
	R89 had a care pla 3/23/12. The goal will express satisfa review-90 days." A Provide monthly a	on for Activity developed on of the care plan was "patient ction with daily routine by next approaches included: ctivity calendar. greet sheet daily and read							
	-Invite/encourage to -Monitor for any che-Remind patient of may interest himAssist patient in seactivity of choice. Although the facility	o attend activities of interest ange in activity needs special group activities that ecuring materials needed for developed the above care		THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SE					
ORM CMS-256	preferences verbali assessment. 37(02-99) Previous Versions	ed to incorporate the activity zed by R89 on the above MDS				9 N 2			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII	ULTIPLE CONSTRUCTION LDING	_	(X3) DATE SURVEY COMPLETED
		085041	B. WIN	96		05/17/2012
NAME OF F	ROVIDER OR SUPPLIER		Ī	STREET ADDRESS, CITY, STATE, ZIP	CODE	. As in the
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F 248	dated 3/28/12 com documented currer music, watching TV	ctivity Assessment Form" bleted by E13 (Activity Aide) it interests including country , socializing, spiritual,	F 2	248		
	Review of the "Acting 3/19/12 through 5/1 on a daily basis, Twere documented, one movie viewing, event, and an even evidence that the remewspaper, magaz	vities Participation Log" from 1/12 (53 days) revealed that watching and morning greets in addition, 18 coffee cart, one spiritual event, one grouping stroll. There was no esident was offered books, ine, listing to music, religious gs, western movies, and				
	Multiple observation revealed R89 sitting with no meaningful offered any activity' newspaper, books,	of R89 had refused to attend. n of R89 throughout the survey around the nurses station activity and R89 was not sof interest such as magazine, or music.				
	documented that R for cognitive daily d R129 verbalized that to do her favorite act that were somewhat reading books, new music, being around news, doing things outside to get fresh good, and participat practices. R129 rec	S assessment dated 5/4/12 129 was moderately impaired ecision making. In addition, at it was very important for her stivity. Activity preferences timportant for R129 included spapers, magazine, listing to dianimals, keep up with the with groups of people, and go air when the weather is e in religious services and puired extensive assist of one				
	staff for bed mobility	and transfer, did not walk		I		1. 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES

00/01/2012 03.0/ 302-311-0012

DEPARTMENT OF HEALTH AND HUMAN SERVICES **CENTERS FOR MEDICARE & MEDICAID SERVICES**

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
184		085041	B. WII	IG	05/17/2012
, · · · ,	PROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STA 101 E. DELAWARE AVEN DELMAR, DE 19940	TE, ZIP CODE
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	(EACH CORRECTI CROSS-REFERENCE	AN OF CORRECTION (X5) VE ACTION SHOULD BE COMPLETION ED TO THE APPROPRIATE DATE FICIENCY)
F 248	R129 had a care p 5/2/12 with goal of express satisfactio review-90 days."	assistance of staff for off the unit. Ian for Activity developed on the care plan that "patient will n with daily routine by next approaches included:	F	248	
	over daily activities -Invite/encourage t -Monitor for any ch -Remind patient of may interest him.	greet sheet daily and read			
	plan, the facility fail plan which incorpo preferences stated	y developed the above care ed to individualize the care rated R129's activity on the above MDS.			
	4/27/12 through 5/ on a daily basis, R received morning g department staff. I of crafts, one room school system, and	vities Participation Log" from 1/12 (14 days) revealed that 1/29 was watching TV and reetings from the activity's n addition, R129 had one day a visit, one visit by a local two days in which the offee from the cart. There was			
	ino evidence that the books, newspapers being around anima doing things with groutside to get fresh	e resident was offered reading in magazine, listing to music, als, keeping up with the news, coups of people, and go air when the weather is good, eligious services and practices.			

STATEMEN' AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
	1.2 % 抗能引力。				NG		
	Figure 3	085041	B. Wil	NG _		05/	17/2012
NAME OF F	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
DELMAF	RINURSING & REHAB	I ITATION CENTER		1	101 E. DELAWARE AVENUE	÷	
ेक्टिया अस्				I	DELMAR, DE 19940	}	•
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 248	Continued From pa	ge 13	Ε,	248			
		n 5/15/12, an "Activities	• •	4 40	1	•	1 1
	Assessment Form"	was completed by E14					
	(Registered Nurse/S	Staff Development Nurse).					
1 1	This assessment do	cumented that R129 past					13
14. T.	activity interest inclu	ided watching TV, spiritual					事を さんご
	events, and outdoor	s walking/wheeling, however, nt interest documented.			I .	y I	
والمراجع المراجع	uleie wele ilo cuite	nt interest documented.			Ì	,4 4 .	
AND THE	Multiple observation	of R129 throughout the					
	survey revealed R12	29 either sitting in her bed or					
	in the wheelchair in	her room with the TV on.					
	5. R116 was readm	itted to the facility on 4/7/12.			i		
	The most recent qua	arterly MDS assessment					, <u></u>
*	dated 3/26/12 docu	mented that R116 was			7		
·	independent in daily	decision making and that it					
	was very important f	or her to listen to music that				Ė.	
	she liked, keep up w	ith the news, and to			ļ	. :	
	participate in religiou	is services and practices. In		;] :
	have books newspa	ewhat important for R116 to upers, and magazines to read,					
(p ²) - 1.	do things with group	s of people, and to go outside			·		
	to get fresh air when	the weather is good. R116					! :
	required total assista	ance of staff for bed mobility				ŵ.	ARL FI
	and transfer, did not	walk and required total		ļ			
	assistance of staff for	r locomotion on and off the		ı	1	4	
	unit.				•		
	원 설명 R116 had a care als	p for Activity devaled		- 1			
	3/23/12 with goal of t	n for Activity developed on the care plan that "patient will			4.		
	express satisfaction	with daily routine by next	·	•	•		
` ; ;	review-90 days." Ap	proaches included:			•		
	 Provide monthly act 	ivity calendar		1			
	 Provide meet and gr 	eet sheet daily and read		ļ			
	over daily activities.	i		1			這 上
المراجب والجداء	-myre/encourage to	attend activities of interest.					
	Monitor for any char Remind patient of se	ge in activity needs. Decial group activities that				٤	·
	The state of	recial group activities that		Ì			
				ļ		!	ļ

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
ıf -	. •	085041	B. WII	4G		05/17/2 012	
	DELMAR NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CO 101 E, DELAWARE AVENUE DELMAR, DE 19940			
PREFIX (EAC	H DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
-Assist p activity o Although plan, the	rest him. reatient in so f choice. the facility facility fail	ecuring materials needed for developed the above care ed to individualize the care	F;	248		A section of the sect	
plan which preference plan which	ch incorpo ces stated ne survey o s-Residen ed by E13 ent docum iterest incl rips/outing	ated R116's activity on the above MDS. on 5/15/12, an Activity Assessment' was Activity Aide). This ented that R116 current uded watching TV, spiritual s, exercise/sports, outdoors and comedy movies.	. •		·	The state of the s	
Review of 4/7/12 this a daily bath was document in the evider to music	of the "Active rough 5/11 asis, TV was a mented a received conce that the that she iil	rities Participation Log" from /12 (34 days) revealed that on atching and morning greets well as 17 days in which offee on the cart. There was a resident was offered to listen ted, keep up with the news.					
practices magazine people, a the weath Multiple o survey re	, to have besto read, and to go o her is good sobservation vealed R1	religious services and ooks, newspapers, and do things with groups of utside to get fresh air when of R116 throughout the 16 sitting in her wheelchair in 1. On 5/17/12 at				Application of the control of the co	The state of the s
approxim surveyor channel w R116 and	ately 11 Al that when vith the TV ! R129's T	M, R116 demonstrated to the R116 changed the TV remote, it changed both / stations and both of the the same TV shows. An	_				

: CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
			A. BUI	LDIN	G		
		085041	B. WIN	B. WING		05/1	7/2012
ranja (47)	PROVIDER OR SUPPLIER R'INURSING & REHAE			10	REET ADDRESS, CITY, STATE, ZIP CODE 01 E. DELAWARE AVENUE DELMAR, DE 19940		
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F 248	Continued From pa	-	F2	248		: (1) - (1)	
F 249	on 5/17/12 at appro- that she was aware remote and that E2 maintenance depated 483.15(f)(2) QUAL	(Certified Nursing Assistant) roximately 11:10 AM revealed re of the problem with the TV 21 was forwarding this to ritment to address this problem. LIFICATIONS OF ACTIVITY	F 2	249	F249		· · · · · · · · · · · · · · · · · · ·
SS≡F	qualified profession therapeutic recreat professional who is applicable, by the Seligible for certifical specialist or as an arecognized accredi	ram must be directed by a nal who is a qualified tion specialist or an activities s licensed or registered, if State in which practicing; and is ation as a therapeutic recreation activities professional by a iting body on or after October tears of experience in a social			It is the practice of Delmar Nursing & R Center to provide the activities prograr a qualified professional who is a qualifi therapeutic recreation specialist or an professional who is licensed or register qualified occupational therapist or occu therapy assistant.	n directed by ed activities ed, or is a upational	y The second sec
	or recreational prog of which was full-tin program in a health occupational therap	gram within the last 5 years, 1 me in a patient activities in care setting; or is a qualified pist or occupational therapy completed a training course			No corrective action can be accomplish residents. Residents of Delmar Nursing & Rehabil have the potential to be affected by th practice. The new Activities Director b May 18, 2012.	litation Cente is deficient	er
	by: Based on observate and interview, it was failed to ensure that	NT is not met as evidenced tion, review of documentation as determined that the facility at the activities program was fied professional. Findings		***************************************	The Administrator will conduct random audits x 3 months to ensure a qualified member is present to direct the activit (Attachment H). Results of these audits will be forward Quality Assurance Committee for review	I staff ies program ed to the	The second secon
	8:45 AM revealed the professional qualific	(activity aide) on 5/11/12 at hat she did not meet the cations of an Activity Director. /as fulfilling the duties of the		11	Quality Assurance Committee for Tevier Quality Assurance Committee will determined for further audits.		A Company of the Comp

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 05/17/2012 085041 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 101 E. DELAWARE AVENUE **DELMAR NURSING & REHABILITATION CENTER** DELMAR, DE 19940 (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX: REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG F 249 Continued From page 16 F 249 Activity Director (The previous Activity Director's last date of employment was March 8, 2012), E13 stated she was trying to " since I've been here the longest." E13 stated she has been employed by the facility for approximately 1 and 3/4 years (August will be 2 years). E13 stated that besides her, the only other activity staff was an activity aide that started 2 weeks ago. Interview with E1 (Nursing Home Administrator) on 5/11/12 revealed that E13 (activity aide), E5 (human resources) and E14 (staff development nurse) were filling in for the Activity Director who left without notice on March 8, 2012. E1 confirmed that none of these staff members met the qualifications of an Activity Director. E1 stated he was on leave from 2/16 through 4/1/12, however, he compiled written documentation and a timeline for events that occurred during his absence. Review of written documentation provided on 5/11/12 revealed that the facility did not utilize the Activity Director from a nearby sister facility because the Activity Director was newly certified and did not feel comfortable coming to the facility. The survey team was advised on May 16, 2012 that the facility hired an Activity Director who is due to start on May 18, 2012. However, the facility failed to have a qualified professional to plan, coordinate and direct the residents 'activity program since March 9, 2012. Multiple observations of activities were made by the survey team from May 7 though May 17,

2012. Observations revealed approximately a dozen of the same self-directed residents

PRINTED: .05/31/2012

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F250 SS=D	the activity room. R129, as well as r impaired resident were observed eit of the time or sitting in a wheel station with no medically must provide the services to attain practicable physic well-being of each the service with was do out of 47 sampled ensure medically provided for R130 resident to the fact Findings include: R130 was admitted According to the 1 and the admission 5/1/12 the resider was also docume and the physician Spahlsh to assist	engaged in activities daily in R65, R89, R99, R116, and numerous other cognitively is that were not self-directed, ther lying in bed sleeping most and in their room with the TV on elchair around the nurse's eaningful activity. VISION OF MEDICALLY INTERVICE Provide medically-related social for maintain the highest real, mental, and psychosocial in resident. ENT is not met as evidenced ation, record review and etermined that for one (R130) It residents the facility failed to related social services were a who was a newly admitted willing and had a language harrier.		249	It is the practice of Delmar Nursing to provide medically-related social or maintain the highest practicable and psychosocial well-being of each Language Service Associates provid services for this resident (Attachmed The Director of Admissions will idea residents with a language barrier proposed to ensure that Language Service Associates available at the time of admission. All new admissions will be reviewed meeting to ensure there are no language (Attachment J). Results of these audits will be forward Quality Assurance Committee for requality Assurance Committee will design and the proposed for further audits.	services to attain physical, mental, n resident. es translation int I). httify any ior to admission, sociates is i in morning guage barriers arded to the eview. The	

		AND HUMAN SERVICES				PRINTED: FORM OMB NO:	APPR	ROVED
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		085041	B. WING		05/17/2012		12	
	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE	-		
DELMAR	NURSING & REHAB	BILITATION CENTER		1	101 E. DELAWARE AVENUE DELMAR, DE 19940	3, :		
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antiger in the file and the liberal	Basa		·				11.1	
F 250	Continued From pa	age 18	F	250	o			
	f	unication related to Spanish as	-				ļ.	
	primary language.	The goal was that the patient					¦ . . :	
	would be able to el	ffectively communicate basic						
1	needs and wants.	The approaches were;			ļ			
.a.	-speak slowly and	clearly-keeping communication						
i da iba	simple and direct							
	-allow adequate tir	ne for patient response talking address by name			†	. •		• -
	-monitor non-verba	at communication						
81 1	s##							
	The care plan did	not indicate how the English			j			ļ
-		ild actually communicate with					14	
		ionally there was no evidence de arrangements or referrals to					[]	
,	assist the resident				•	:		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	communication.							
[智]] [1]	A numelo note det	ed 5/2/12 documented that at			j			
		e speech therapist provided					}	ļ
		ctures so there could be a						
Ti di di di di	means of direct co	mmunication with the resident.			Ì	*4		,
::	An intensions on Ell	9/12 at 9:50 AM with E12			} ;			
		nat R130 had been there about					3	
. w str. die		e of the staff on that unit spoke				41		
1		rther revealed that there was no						•
	regular access to	a translator and no ard was available. E12 was			!			
		nt desk clerk and one 3-11			:		·	
		station spoke fluent Spanish						i
, 1 :		R130. E12 also revealed that				.;	1	-
. 1		peen in to do some translation ad downloaded Google			i İ	• • •	3	
		ad downloaded Google ersonal smart phone to try to			Ì			
	communicate with	R130.	!			*1,:		
Bar a	建 维力。	30 from 5/7 through 5/11/12					'	`
T P. S. T.	Observation of R1	30 from 5/7 through 5/11/12			}			

DEPARTM	ENT OF HEALTH	AND HUMAN SERVICES				FORM OMB NO	05/31/2012 APPROVED 0938-0391
CENTERS	FOR MEDICARE	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLI LDING	E CONSTRUCTION	(X3) DATE SI COMPLE	URVEY
A.D. 0 0		085041	B. WII	NG		05/1	7/2012
	OVIDER OR SUPPLIER		<u> </u>	101	ET ADDRESS, CITY, STATE, ZIP CODE E. DELAWARE AVENUE	+ - + - + - + - + - + - + - + - + -	. I
DELMAR	NURSING & REHAB	ILITATION CENTER		DE	LMAR, DE 19940	CTION	(X5)
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F 250	Continued From p	age 19	F	250			
	hallway at Station residents and visit	esident was frequently in the 3 speaking Spanish to staff, ors as they walked by. Staff walks in her wheelchair, to ide to keep her occupied. Staff		İ			
	was unable to con	nmunicate with her in Spanish A communication / picture observed to be used.	1]			Company of the Compan
	(nurse) revealed (some 3-11 staff crevealed that with admission the sponsormunication/president, E19 and that held the communication/president, E19 and that held the communication/president.	that the front desk clerk and ould speak Spanish. She further tin the first couple days after each therapist provided a licture book to use with the the surveyor found the binder amunication book in the resident ctual pages were missing from					
	manager) reveal speaking employ know" who they	i/16/12 at 1:30 PM with E22 (united that there were Spanish rees at the facility and "staff just are. E22 stated that there was a book with pictures but she does appened to it.					
	(social worker) nemployed for 9 c	5/17/12 at 10:45 AM with E24 evealed that she had only been lays, did not speak Spanish and the receptionist could translate ad not been involved with R130's ssues.	}			X .	
	(Director of Nurs	5/17/12 at 10:57 AM with E2 sing) and the E15 (corporate ng the lack of direction in the planunication revealed that they	n	····		:	

CENTERS FOR MEDICAR	TAM DENVINERISUPPLIERVOUS	(X2) MUL	TIPLE CONSTRUCTION	PRINTED: FORM A OMB NO. (X3) DATE SU COMPLET	NPPROVED 0938-0391 RVEY
STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER:		A. BUILD B. WING		05/17	/2012
The same of the sa	085041	l l	TREET ADDRESS, CITY, STATE, ZIP CO		
NAME OF PROVIDER OR SUPPLIES DELMAR NURSING & REHA			101 E. DELAWARE AVENUE DELMAR, DE 19940		
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F 250 Continued From	page 20	F 2		***	3.00 3.00 3.00 3.00
completed yet. F expressed conce needs would be complete care p	lowever, when the surveyor ern about how the resident's met while they were working on a lan E2 and E15 agreed that a list t family members available to be accessible to staff.				Control of the contro
F 253 483.15(h)(2) HC SS=E MAINTENANCE The facility mus	JUSEKEEPING &	F 2	253	7 2 W	
by: Based on obse 5/10/12, 5/11/1	MENT is not met as evidenced ervations on 5/7/12, 5/8/12, 2 and 5/17/12, it was determined falled to maintain a sanitary, and orderly interior. Findings			. 40 . 40 . 40 . 40 . 40 . 40 . 40 . 40	Company of the control of the contro
following conce	ronmental tours on 5/07/12, the erns were observed: an odor was observed in room #				or animonal section (Control of Control of C
11AM. Multiple scuff r	was noted in room #309 around narks and chipped paint were also e room and bathroom.				
on the floor wit	9's Foley bag was laying directly the blue privacy bag attached to ing used. This was about 11 AM.	o			
The second second			Coelina ID: DE0025	If continuation she	et Page 21 of 6

DEPARTI	MENT OF HEALTH	AND HUMAN SERVICES				PRINTED: 0 FORM AF OMB NO. 0	PROVED 938-0391
TATEMENT (S FOR MEDICARE OF DEFICIENCIES CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURY COMPLETE	VEY .
		085041	B. WIN	G		05/17/	2012
	ROVIDER OR SUPPLIER	S ITATION CENTER		10	EET ADDRESS, CITY, STATE, ZIP CODE 11 E. DELAWARE AVENUE ELMAR, DE 19940		
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F 253	that were very dus observed at 11:10	unit of room # 205 had vents ty and dirty. This was AM.	F:	253	F253 It is the practice of Delmar Nursing & Center to provide housekeeping and services necessary to maintain a sani	maintenance	6/15/2012
	particular, the foot 11:20AM. 6. The corner of the chipped paint in roof the corners mis of the entrance do out of four, were robserved at 11:23	wheelchair of R68 was dirty. In rest was filthy with debris at the wall next to the sink had soom # 227. There were pieces sing from the exterior surface for. The bathroom walls, two missing floor molding. This was a AM.			and comfortable interior. The rooms, wheelchairs, gerichairs, a been cleaned. The oxygen concentratileters and have been dusted, the head dusted. Painting touch-ups have been has been ordered for the doors. New have been ordered. The Housekeeping Director will concrounds weekly to identify any problem.	and lifts have ators have new aters have been gun. Molding v nightstands duct room	
	room # 213 being dusty. 8. At 11:48AM, th room # 225 was sheadboard behind gouged. The floor was missing. The	e wall between the beds of scuffed and marked. The d the A bed was scraped and molding adjacent to the sink eveneer of the B bed night stand			(Attachment K). The nursing staff has been educated storage of oxygen and nebulizer tub. L). The Maintenance Department has preventative maintenance list to en cleanliness and comfortable interior	d on proper ping (Attachmen las a monthly sure building	t (Market Control of the Control of
the angle of the control of the cont	following concern	nmental tours on 5/08/12, the			M). Results of these audits will be forw. Quality Assurance Committee for re Quality Assurance Committee will of the need for further audits.	eview. The	
	scuffed paint from	n walls in room # 201 had n wheelchair traffic. he wheelchair for R114 was ist and debris.					

DEPART	MENT OF HEALTH	AND HUMAN SERVICES		•		FORM /	05/31/2012 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SU COMPLET	RVEY
		085041	B. WIN	IG		05/17	/2012
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(X4) ID PREFIX TAG	JEACH DEFICIENCY	ITEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE 💖 🗒	(X5) COMPLETION DATE
F 253	were dusty and dir	9's wheelchair and gerichair y with built up dust and debris. cuffs and wall damage were	F	253			
	have chipping pain room. The bathroo with dirt.	oom # 315 was observed to t and general wear in the orn had grout that was black					
	debris and dust at 17. On 5/17/12 at room, the paint on scraped, scuffed, poff. The door to the	heelchair was dirty all over with 5:10 PM. 11:07, in the station 3 shower the walls of the toilet area was beeling, and bubbling/flaking is shower room was heavily ched causing holes in the		and the second s			
	revealed that two lift on Station 3 we debris. 19. Observation of	on 5/7, 5/10 and 5/11/12 Hoyer lifts and one sit to stand re heavily soiled with dust and on 5/11/12, revealed a Hoyer lift lifty with dust, debris and dried		and the control of th			
	filter in the oxygen	n 5/7/12, revealed R14 had no concentrator. The nasal stored on the bedside table	· ·				The state of the s

STATEMENT AND PLAN OF	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		085041	B. WING _		05/17/2012		
17.3 : 4.7 1.	ROVIDER OR SUPPLIER	ILITATION CENTER	1	REET ADDRESS, CITY, STATE, ZIP CODE 01 E. DELAWARE AVENUE DELMAR, DE 19940			
(X4) ID PREFIX TAG	" (FACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE- (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE I COMPLETION		
F 256	oxygen concentrate was almost gray/w oxygen/nebulizer nathe bed.	of 5/7/12, revealed R57's or filter was so full of dust it hite in color. There was also a mask laying on the floor next to	F 253 F 256	F256			
	comfortable lightin	rovide adequate and g levels in all areas. NT is not met as evidenced		It is the practice of Delmar Nursing 8 Center to provide adequate and con levels in all areas. Room 308 has new lights: one over 1 over the sink. The Station 3 shower	nfortable lighting oed 4 and one		
	Based on observa rooms it was dete provide adequate	ations made in the resident rmined that the facility failed to and comfortable lighting levels om and one bathroom.		light. All other residents have lights over t showers have a light in each stall.			
	the bed or over the the bed had a small	bed 4 did not have a light over e sink. The resident currently in all table top lamp on her ere was limited lighting to that		The Administrator will conduct rand audits x 3 months to ensure lights ar (Attachment N). Results of these audits will be forwall Quality Assurance Committee for rev	e present rded to the		
		(k)(1) DEVELOP	F 279	Quality Assurance Committee will de need for further audits.			
	to develop, review comprehensive plants The facility must d	the results of the assessment and revise the resident's an of care. evelop a comprehensive care lent that includes measurable					

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STATEMENT OF	DEFICIENCIES
JIM CINCIN OF	ODDECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

(X3) DATE SURVEY

085041

B. WING

05/17/2012

NAME OF PROVIDER OR SUPPLIER

DELMAR NURSING & REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5) COMPLETION DATE

F 279 Continued From page 24

.

objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).

This REQUIREMENT is not met as evidenced by:

Based on record review and staff interview, it was determined that for three residents (R89, R129, and R116) of 47 residents reviewed the facility failed to develop a comprehensive care plan which described the services to be furnished to maintain the resident's highest practicable level of well-being. The facility failed to develop an individualized care plan for activities based on the comprehensive assessments for R89, R129, and R116. Findings include:

Cross refer F248, example 3.
The admission Minimum Data Set (MDS) assessment dated 3/26/12 documented that R89 was moderately impaired for cognitive daily decision making and R89 verbalized that it was very important for her to do her favorite activity which included reading books, newspapers, magazine, listing to music, being around animals, keep up with the news, go outside to get a fresh a

F 279

F279

It is the practice of Delmar Nursing & Rehabilitation Center to use the results of the assessment to develop, review, and revise the resident's comprehensive plan of care.

The Activities Director has reviewed and updated the care plans of the residents affected by this alleged deficient practice.

Residents of Delmar Nursing & Rehabilitation Center have the potential to be affected by this alleged deficient practice. The Activities Director has reviewed and updated the Activities care plans, to ensure the Activities Program is comprehensive and individual needs are met.

An Activity Care Plan audit will be conducted by the Administrator each month x 3 months (Attachment G).

Results of these audits will be forwarded to the Quality Assurance Committee for review. The Quality Assurance Committee will determine the need for further audits.

6/8/2012

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1' '	IULTIPLE C LDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		085041 B. WING		VG		05/17/2012		
	ROVIDER OR SUPPLIER	BILITATION CENTER		101 E.	ADDRESS, CITY, STATE, ZIP CODE DELAWARE AVENUE TAR, DE 19940			
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUTH CROSS-REFERENCED TO THE APPROPRIED TO THE AP	ULD BE	(X5) COMPLETION DATE	
F 279	R89 had a care pl 3/23/12 with goal will express satisf review-90 days." -Provide monthly -Provide meet and over daily activities -Invite/encourage -Monitor for any compay interest him.	is good, and participate in and practices. an for Activity developed on of the care plan was "patient action with daily routine by next Approaches included: activity calendar. If greet sheet daily and read	F	279				
A series of the	While the facility of the care plan faile R89 verbalized he above assessmer "Activity" develope that the approach included the state reading books, ne	developed the above care plan, do to be individualized. Although er activities of interest on the nt, review of the care plan for ed on 3/23/12 lacked evidence es were individualized and do activities of interest such as ewspapers, magazine, listing to ide, and participation in religious				The state of the s	A TOTAL CONTROL OF THE CONTROL OF TH	
	events. 2. Cross refer F2 R129 was admitte admission MDS a documented that for cognitive daily R129 verbalized t to do her favorite included reading t listing to music, be					The state of the s		

... or ... and a second and a second

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DEPARTMENT OF HEALT	OMB NO	OMB NO. 0938-0391			
CENTERS FOR MEDICAR TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	ILTIPLE CONSTRUCTION	(X3) DATE S COMPL	EURVEY ETED
L CALLED	085041	B. WINC		05/	17/2012
NAME OF PROVIDER OR SUPPLIED	R		STREET ADDRESS, CITY, STATE, ZIP 101 E. DELAWARE AVENUE	CODE	
(X4) ID	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	ADARO DEECDENI'LII III I	THE APPROPRIATE	(X5) COMPLETION DATE
weather is good, services and pra	autside to get fresh air when the and participate in religious actices. It plan for Activity developed on of the care plan was "patient will	F 2	279		
express satisfactive review-90 days. -Provide monthly and a provide meet a cover daily activity activity and a patient review patient review and a patient	tion with daily routine by next 'Approaches included: y activity calendar. nd greet sheet daily and read ies. le to attend activities of interest. change in activity needs. tof special group activities that				
activity of choice While the facility the care plan w R129 verbalized above assessor "Activity" developments that the approa- included the sta	y developed the above care plan, as not individualized. Although the activities of interest on the nent, review of the care plan for oped on 5/2/12 lacked evidence ches were individualized and ated activities of interest such as				
music, going of events. 3. Cross refer R116 was read The most received ated 3/26/12 (independent in	newspapers, magazine, listing to utside, and participation in religious F248, example 5. Imitted to the facility on 4/7/12. Int quarterly MDS assessment documented that R116 was daily decision making and that it	THE REAL PROPERTY OF THE PARTY		\	
she liked, keep participate in re	tant for her to listen to music that up with the news, and to diglous services and practices. In somewhat important for R116 to	,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MU A. BUIL	DITIPLE CONST	TRUCTION	COMPLETED			
, , , , , , , , , , , , , , , , , , ,	anadading a wap to an in a	085041	B, WIN	G		05/1	7/2012	
: + A	PROVIDER OR SUPPLIER R NURSING & REHAB	ILITATION CENTER		101 E. DEL DELMAR,	RESS, CITY, STATE, ZIP CODE AWARE AVENUE , DE 19940			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X (E/	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOOSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 279	Continued From pa	·	F2	279				
	do things with grou to get fresh air whe	papers, and magazines to read, ups of people, and to go outside en the weather is good.	:					
	5/2/12 with goal of express satisfaction	lan for Activity developed on the care plan was "patient will on with daily routine by next Approaches included:				1 t 4 t		
	-Provide meet and over daily activities. -Invite/encourage to -Monitor for any ch	greet sheet daily and read s. to attend activities of interest, nange in activity needs.						
	may interest himAssist patient in seativity of choice.	special group activities that ecuring materials needed for						
	the care plan was r R116 verbalized he above assessment "Activity" developed	eveloped the above care plan, not individualized. Although er activities of interest on the t, review of the care plan for d on 5/2/12 lacked evidence	·					
F 280	lincluded the stated listing to music, kee participation in relig 483.20(d)(3), 483.1	10(k)(2) RIGHT TO	F2	280		· · · · · · · · · · · · · · · · · · ·		
SS=D	The resident has the incompetent or other incapacitated under	ANNING CARE-REVISE CP ne right, unless adjudged					300000000000000000000000000000000000000	
	changes in care and A comprehensive c	care plan must be developed the completion of the						

DEPARTM	ENT OF HEALT	H AND HUMAI	1 SERVICES
CENTERS	FOR MEDICAR	E & MEDICAID	SERVICES

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FORM APPROV	
MB NO. 0938-03	91

CENTERS FOR MEDICARE STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:		ILDING		;		
085041		085041	B. Wil	NG		05/1	7/2012	
長端 日本	ROVIDER OR SUPPLIER NURSING & REHAB	BILITATION CENTER		10	EET ADDRESS, CITY, STATE, ZIP COD 21 E. DELAWARE AVENUE ELMAR, DE 19940	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 280	comprehensive as interdisciplinary tea physician, a registe for the resident, an disciplines as dete and, to the extent the resident, the relegal representative	age 28 sessment; prepared by an am, that includes the attending ered nurse with responsibility of other appropriate staff in rmined by the resident's needs, practicable, the participation of esident's family or the resident's e; and periodically reviewed eam of qualified persons after		280	F280 It is the practice of Delmar Nursing Center to ensure the resident has adjudged incompetent or otherwis incapacitated under the laws of the participate in planning care and trachanges in care and treatment. This resident's care plan has been include education on sunscreen.	the right, unless se found to be se State, to eatment or		
	by: Based on interview determined that for residents the facility	ENT is not met as evidenced w and record review it was r one (R1) out of 47 sampled by failed to revise the care plans of the resident. Findings	Annya mataka ya na mataka ya na mataka m		All residents' care plans have beer include offering sunscreen before unless contraindicated. The DON will conduct monthly audiditted residents' care plans to eare plans include sunscreen (Atta	going outside, dits on newly ensure that the	and the second s	
	time outside in the Review of R1's ca integrity initiated o 5/3/12 noted that of been ordered for s the resident had p	9, example 8. unburn from spending a lot of facility's courtyard. re plan for actual impaired skin in 6/1/11 and last updated on 5/3/12, Minerin lotion had sunburned areas and on 5/4/12 ulled dry skin from the left shin ourn) and a treatment was	The state of the s		Results of these audits will be forv Quality Assurance Committee for Quality Assurance Committee will need for further audits.	review. The	6/8/2012	
	resident was picki	n 5/4/12 documented that the ng dry skin off her legs when on off leaving an open area						

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DEPARTMENT C	F HEALTH	AND HUMAN SERVICES				OMB NO	M APPROVED 0. 0938-0391	
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION. (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ULTIPLI LDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		085041	B. WI	NG		05	17/2012	
NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER				101	ET ADDRESS, CITY, STATE, ZIP CODE E. DELAWARE AVENUE LMAR, DE 19940			
(X4) ID: (50)	SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx X	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
Review physicis sunscrewho was outdoor antibiot no evice her rist preven 483.25 SS=E HIGHE Each reprovide or main mental accord and plate.	s 6 cm. (cer of the clinic an's order o een or any fas known by rs in the surtic (increase lence that R of prolonge tive sun me PROVIDE EST WELL E esident muse the necessing, and psychlance with than of care.	at record lacked evidence of a reare plan intervention to offer orm of sun protection to R1, staff to spend a lot of time and had recently been on an a sensitivity to sun). There was 1 was being educated about ed sun exposure and asures. CARE/SERVICES FOR BEING It receive and the facility must sary care and services to attain thest practicable physical, osocial well-being, in the comprehensive assessment.		309				
Based		ation, interview, record review er documentation as needed it				-		

was determined that the facility failed to ensure that nine out of 47 sampled residents (R1, R5, R8, R14, R34, R54, R65, R79 and R119) received the necessary care and services to attain or maintain the highest practicable physical,

accordance with the comprehensive assessment and plan of care. The facility failed to consistently monitor the effectiveness of seven (R8, R119, R3, R1, R14, R65, and R34) residents' pain medication in pre/post pain scores. The facility

mental, and psychosocial well-being, in

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE	: & MEDICAID SERVICES				CIVID 140-1000-0001
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
	085041	B. W!	B. WING		05/17/2012
NAME OF PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	
DELMAR NURSING & REHAB	III ITATION CENTER		1(01 E. DELAWARE AVENUE	* 1, 14; 1, 4;
L	SELECTION SERVER		D	ELMAR, DE 19940	1
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION
F 309 Continued From pa	age 30 age seems the bowel function of	F	309	F309	
	R14, and R119) residents who			It is the practice of Delmar Nursing a	nd
	72 hours with no bowel			Rehabilitation Center to ensure each	
	cility failed to ensure skin			receives and the facility provides the	necessary care
	spent a lot of time outdoors			and services to attain or maintain the	e highest
and failed to reposi	ition one dependent resident			practicable physical, mental, and psy	chosocial well-
(R65)as stated in the	he care plan. Findings include:			being, in accordance with the compr	ehensive
PAIN MANAGEME	:NT:			assessment and plan of care.	
	ty's policy and procedure titled			No corrective action can be accompli	shed for these
"pain management	" documented "procedure:			residents.	
	urse will complete a pain			•	
	Imission or readmission. pain will be rated using one of			Residents of Delmar Nursing & Rehal	
the three scales (V	Vong Baker Faces, Numerical			have the potential to be affected by t	•
Scale, or PAINAD ((Pain Assessment in Advanced			deficient practice. The nursing staff I	
Dementia).	Flow sheet will be initiated by			educated on documentation of pain, protocols, sunscreen, and as needed	
the licensed nurse	when a PRN pain medication			(Attachments E, P, and Q).	medications
is ordered: for loca	ation, initial pain evaluation		ļ	(Accountances E, 1, and E).	
evaluate the effecti	veness of the interventions,		i	The DON will conduct monthly rando	m audits on
alternative interven	ss of pharmacologic or			turning and repositioning, prn docum	entation, and
	n will be documented in the			bowel documentation x 3 months (At	tachment R).
resident's record us	sing the 0-10 scale each time			Results of these audits will be forwar	dod to the
an evaluation of the	e resident is conducted."			Quality Assurance Committee for rev	,
The following pain	management standards were		1	Quality Assurance Committee will de	•
approved by the An	nerican Geriatrics Society in			need for further audits.	6/8/12
April 2002 which inc	cluded:				
appropriate asses	sment and management of		ļ		
Pain, assessment in	n a way that facilitates regular ¹ follow-up; same quantitative				
pain assessment so	cales should be used for initial		I		<u> </u>
and follow up asses	ssment; set standards for				
monitoring and inter	rvention; and collect data to		1		. [.]
monitor the effective	eness and appropriateness of				

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FORM AP	PROVED
OMB NO. 09	38-0391

DEPART	MENT OF HEALTH	AND HUMAN SERVICES				F	ORMA	PPI	ROVED 8-0391
TATEMENT	S FOR MEDICARE OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	IULTIPE	LE CONSTRUCTION	(X3) [OMPLET	RVE	
-11		085041	B. WI	NG			05/17	/20	12
NAME OF P	ROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP CODE		(
DELMAR	NURSING & REHAL	BILITATION CENTER			1 E. DELAWARE AVENUE ELMAR, DE 19940		· 導列 - 连列		1, 13.4°
(X4) ID. PREFIX TAG	FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREI TAG	īΧ	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD E	E ATE		(X5) MPLETION DATE
F 309	Continued From p		F	309				The second secon	
	Tramadol (narcoti (milligram) 1 table needed (prn) for c	physician orders included c pain medication) 50 mg. t by mouth every 6 hours as ancer pain.					* (100 m	
	listed the goal "uncontrolled pain and the approach A note written on Tramadol prn orde Documentation of shift was reviewed.	in care plan, dated 3/2/11, will not experience episodes of during this evaluation period " evaluate pain relief/control" 3/21/12 stated, " Goal met. Has ered but seldom uses it " R8's pain assessment every if from March 1- May 10, 2012, nted on March 31 (refused pain paril 15.					The state of the s	Application of the control of the co	
	Review of the Apr administration red revealed that R8 i (not recorded on	il and May medication fords (MARs) additionally received prn doses of Tramadol the pain assessment) on 4/1, 3, 4/15, 4/18, 4/21, 4/30 and		To the state of th				The state of the s	
	effective reports. Tramadol given the pain assessment site) and multiple and/or post pain seffectiveness of paccurately evaluations.	re reviewed as well as prn There were numerous doses of nat were not recorded on the (therefore no recording of pain times that there was no pre score (so unable to evaluate ain medication and to te frequency/levels of pain). riewed and confirmed with E2 ng) on May 11, 2012.						A CONTRACT OF THE PROPERTY OF	
	2. R119 was adn	nitted to the facility on 2/4/12 cluding multiple sclerosis,					. ;		

TAGE 3///3

DEPARTMENT	OF HEALTH AND HUMAN SERVICES
	MEDICARE & MEDICAID SERVICES

RINTED:	05/31/2012 APPROVED 0938-0391
FORM A	APPROVED
MR NO.	0988-0391

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	TIPLE CONS		(X3) DATE SURVEY COMPLETED				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING							
		085041	B. WING	·		05/17/2012				
NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER			S	101 E. DEI	RESS, CITY, STATE, ZIP LAWARE AVENUE 1, DE 19940	CODE				
(X4) ID PREFIX TAG	FIGURE 1 STACK DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF EACH CORRECTIVE ACT OSS-REFERENCED TO DEFICIENCE	TON SHOULD I THE APPROPRI	3E 🤼 36.9	(X5) DMPLETION DATE		
F 309	Admission Minimu dated 2/16/12 doc independent for dated to both a scheduled medications with f	ogenic bladder, depression, m Data Set (MDS) assessment umented that R119 was aily decision making, and had and PRN (as needed) pain requency of pain almost	F 30	09						
and the second s	have limited day to and the worst pair on a scale of "0" to pain she can imag	it hard for her to sleep at night, o day activities because of pain, over the last 5 days was a "6" o "10" with "10" being the worst pine. Care Area Assessment noted that a care plan was pain.					to the control of the			
A STATE OF THE STA	dated 2/4/12 docu experiencing pain however, she did hours. The asses	al "NUR Pain Assessment" mented that R119 was not at the time of the assessment, experience pain in the past 24 sment was incomplete and the pain, frequency, and								
	included the follow interventions PRN - Oxycodone (name mouth every 4 hou	cotic pain medication) 5 mg. by	To company the company to the compan) 1			使物をいっている。		
	documented goals episodes of uncor included: - Evaluate pain re - Monitor for side	2/6/12 for alteration in comfort is the R119 will not experience introlled pain. Approaches lief/control. effects of medication. signs/symptoms) pain every						Reservation (August 1997) (A		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A BUILDING (X2) MULTIPLE CONSTRUCTION A BUILDING (X3) DATE SURVEY COMPLETED (X3) DATE SURVEY COMPLETED

	F CORRECTION	IDENTIFICATION NUMBER:	A BUIL	LDING	COMPLETED
		085041	B. WIN	G	05/17/2012
NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE 101 E. DELAWARE AVENU DELMAR, DE 19940	_
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRECTIVI CROSS-REFERENCED	N OF CORRECTION (X5) E ACTION SHOULD BE COMPLETION O TO THE APPROPRIATE DATE CIENCY)
F 309	shift. Goals included that satisfaction with particular satisfaction satisfaction with particular satisfaction satisfa	t "patient will express ain control measures by voicing ain level of 3 which resident	F3	309	
A STATE OF THE STA	revealed that she was back to her toes wadmission, R119 wo of "4." Since being able to achieve a p	R119 on 5/07/2012 at 5:22 PM was experiencing pain in lower ith pain level of "8." Prior to was able to achieve a pain level in the facility, she has been pain level of "6", however, her between "3 and 4."			
	shift" (a documental medical record/EM documented the particular medical record (a documented the particular medical march 1, 201 revealed that a diff "5" was utilized wit being the worst particular presented the medical m	documentation titled "Pain Q ation in the facility's electronic IR in which the staff ain assessment every shift) 2 through April 31, 2012 erent numerical scale of "0" to h "0" being no pain and "5" in. Additionally, when R119 be of pain during 15 shifts, the cument the location of the pain.			Control of the contro
	and April 2012 doc administered the si the Morphine ER a was administered S in March 2012 and mg. in April 2012. Review of the "Pair	cord (eMAR) for March 2012 cumented that R119 was cheduled Fentanyl patch and s ordered. In addition, R119 32 doses of Oxycodone 10 mg. 84 doses of Oxycodone 10			
	documentation in the	ne facility's EMR in which staff in assessment prior to a pain			

medication intervention) for March 2012 revealed

CENTERS FOR MEDICARE & MEDICAID SERVICES						OMB NO. 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085041		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED 05/17/2012			
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NAME OF PROVIDER OR SUPPLIER DELMAR NURSING & REHABILITATION CENTER				STREET ADDRESS, CITY, 101 E. DELAWARE AV	VENUE			
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F 309		essed and documented the othe administration of the	F3	309				
	administrations. For assessed and docu	out of the 92 (43%) or April 2012, the facility umented pain prior to out of 84 (37%) administrations.				The second secon	**************************************	
	Report" was review documented the effinitervention. For M report lacked evide of 92 administrations (13	e reassessments documented,					A CONTRACTOR OF THE PROPERTY O	
	Review of nurses n 2012 revealed that PRN and that staff same numerical sc documented "pair	notes for March 2012 and April Coxycodone was administered nurses failed to utilize the cale to reassess pain but rather in is much improved", "good ved", and "good effects."				14 m	• • • • • • • • • • • • • • • • • • • •	
	May 11, 2012. An interview with Elapproximately 2 PN system which const	ewed and confirmed with E2 on (1 (administrator) on 5/21/12 at A revealed that there was not a olidated the information from	:		i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		The state of the s	
	"Pain Q shift", "Pain Effective Report" will system. E1 verbalized information on these by the facility staff. this information was how the facility mon	n Flow Sheet", and "PRN which are in the facility's EMR zed that on a daily basis, the se documentation are reviewed Although E1 verbalized that se reviewed daily, it is unclear hitored the effectiveness, pain management, and/or if						

PRINTED: 05/31/2012

PRINTED: 05/31/2012 **FORM APPROVED** DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 8. WING 05/17/2012 085041 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 101 E. DELAWARE AVENUE DELMAR NURSING & REHABILITATION CENTER DELMAR, DE 19940 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE DATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG " DEFICIENCY) F 309 Continued From page 35 F 309 the R119's pain goal of "3" for pain was met consistently due to lack of pain assessment prior to and post administration of Oxycodone as noted above. The facility failed to assure that the pain management protocol for R119 met the professional standards of clinical practice as defined by American Geriatrics Society and their own facility policy. In particular, this facility failed to record a pain assessment in a way that facilitated regular reassessment and follow-up in a timely manner utilizing the same quantitative pain assessment tool used for the initial assessment. 3. R79 was readmitted to the facility on 1/10/12 with diagnoses including spinal stenosis in cervical region, hypertension, depression, Gout. hyperlipidemia, anxiety disorder, and insomnia. Most recent admission MDS assessment dated 1/14/12 documented that R79 had no cognitive impairment, was on a scheduled pain medication regime, received PRN pain medication within the past 5 days, limited his day to day activities because of pain, and the worst pain over the last 5 days was "8." Care Area Assessment (CAA) Summary noted that a care plan was implemented for pain.

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Review of the readmission "NUR-Pain

and the shoulder at an intensity of "3."

Assessment" dated 1/10/12 documented that R79 had back pain with a pain intensity of "5." The subsequent assessment dated 4/18/12

documented that the resident had pain in the leg

EMTERS FOR MEDICARE & MEDICAID SERVICES TEMENT OF DEFICIENCIES VEX.) PROVIDER PURPLE (CALL) ME OF PROVIDER OR SUPPLIER MELMAR NURSING & REHABILITATION CENTER MELMAR NURSING & REPRECEDED MELM	・ EPARTME	NT OF HEALTH	AND HUMAN SERVICES				OMB NO. (
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Review of the "Pain Flow Sheet" March 2012 revealed that the facility assessed and documented the level of pain prior to the administration of the oxycodone for 79 out of 126	4. 1 14.	of Oxycodone 1	0 mg. were administered					
revealed that the facility assessed and documented the level of pain prior to the administration of the oxycodone for 79 out of 126		respectively.						
documented the level of pain prior to the administration of the oxycodone for 79 out of 126		.Review of the "F	Pain Flow Sheet" March 2012					
administration of the oxycodone for 79 out of 126	:l	revealed that the	e level of pain prior to the	}			<i>e</i> .	lata I.
(63%) administrations. For April 2012, the facility	: 1	administration of	of the oxycodone for 79 out of 12	26			• .	
		(63%) administr	ations. For April 2012, the facil	ity		i !		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/31/2012 FORM APPROVED OMB NO: 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		NG	COMPLETED		
	11.5	085041	8. WII	NG_		05/1	7/2012	
	ROVIDER OR SUPPLIE	BILITATION CENTER		'	REET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940			
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F 309	assessed and do administration 33 administrations. Review of "PRN lack of evidence 126 administration	cumented pain prior to	F	309				
	2012 revealed th PRN and that sta same numerical	anotes for March 2012 and April at Oxycodone was administered ff nurses failed to utilize the scale to reassess pain but rather ffective outcome", "positive d effect."						
	management pro professional stan defined by Ameri own facility policy to record a pain a facilitated regular a timely manner	to assure that the pain tocol for R79 met the dards of clinical practice as can Geriatrics Society and their. In particular, this facility failed assessment in a way that reassessment and follow-up in utilizing the same quantitative tool used for the initial					The state of the s	
	4. R1 had a phys oxycodone/APAP hours PRN for se hours PRN for miles and the resident's cato history of chroises.	_	\$			The second secon		

PRINTED: 05/31/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING B. WING 14 (1967) 085041 05/17/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE **DELMAR NURSING & REHABILITATION CENTER** DELMAR, DE 19940 SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 309 Continued From page 38 F 309: management during this evaluation period. Approaches included to evaluate pain relief/control and adjust medication regimen as needed. Review of the MAR revealed that between 3/1/12 and 5/15/12 the pain medication was administered 16 times. There was no evidence the pain scale was used to determine the level of pain for 8 out of 16 of these administrations of PRN medication. Review of the pain medication use further revealed that for 8 out of 16 doses the effectiveness of the medication was not documented to determine pain relief. Four of the doses had no assessment of pain before or after the administration of the medication. This was reviewed with E1 and E2 on 5/17/12 5. R14 had physician orders that included Tramadol 50 mg. every 4 hours PRN for breakthrough pain initiated on 12/15/11 to present and Pennsaid solution 1.5% PRN 4 times a day 30 drops transdermal (on skin) to right shoulder for pain that was in effect 4/7 - 4/19/12

R14 had a care plan for "Pain: alteration in comfort related to left wrist, back pain, headache,

generalized discomfort related to obesity, decrease mobility manifested by old stroke, obesity, diabetes, depression, congestive heart failure, anxiety, degenerative joint disease and anemia ". The goals included that the resident would voice relief of pain with treatment and that the resident would voice tolerable pain control at 2 (pain scale rating). The approaches included

DEPARTMENT OF HEALTH AND HUMAN SERVICES	•			PRINTED: 05/3 FORM APPI OMB NO: 0938	ROVED
SENTERS FOR MEDICARE & MEDICAID SERVICES	Loren 11	TIDL	E CONSTRUCTION	(X3) DATE SURVEY	
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D PLAN OF CORRECTION IDENTIFICATION NUMBER	A. BUILDING			71.1.222.21	· · ·
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AME OF PROVIDER OR SUPPLIER		101	E. DELAWARE AVENUE	:	
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	_				· '
F 309 Continued From page 39	; F	309		1.	2 .
pain medications as ordered and notify MD of	ļ			} .	
uncontrolled pain.		}			
Review of the March 2012 MAR revealed that	1	!			
Tramadol was administered 16 times. Review of					
facility electronic record revealed that for only o		1			
out of 16 opportunities did the facility use a scale		ļ			
to rate the resident's pain prior to administering	-	i		\ :	.
the medication. Of these 16 opportunities the facility failed to check the effectiveness of the	!				
pain medication five times.					
Review of the April 2012 MAR revealed that	I	ļ			
Tramadol was administered 15 times. Review of		,			
the electronic record revealed that for only 7 out of 15 opportunities did the facility use a scale to	}				
rate the resident's pain. Of these 15	l	i			
opportunities the facility failed to check the		ļ		ļ ·	:
effectiveness of the pain medication five times.					
Review of the April 2012 MAR revealed that					-
Pennsaid solution was used seven times. The	ļ				
facility only rated R14 's pain 2 out of 7	1			A COLUMN	
opportunities. The effectiveness was checked to	or ;				ilt i
3 out of 7 opportunities.			ł		
Interviews on 5/10/12 with E2 and E6					
(compliance nurse) confirmed that there was lace	ck				:
of evidence that the pain assessments were			7. ·		
being completed consistently before and after			;		
pain medication administration.					•
6. R65 had a physician's order, dated 5/2/12 to					¥ .
receive Tylenol 650 mg. by mouth every 12 hou	rs				
for pain. A care plan, last reviewed on 5/2/12 for	7				
pain, alteration in comfort stated the goal was the	iat			-	Ţ:
the resident will state that pain is well controlled					:
(less than 2) x 90 days. Care plan interventions	-				

		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	05/31/2012 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII	ULTIPLE CONSTRUCTION	(X3) DATE SU COMPLE	RVEY
		085041	B. WIN	G	— 05/17	7/2012
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F 309	monitor/record/repo	r pain med as ordered; int any side effects, efficacy; 10 (10 being the worst);	F3	809		
	there was no pain a R65. Review of the report from 3/1/12 to on only two (2) occa and 3/23/12 at 3:47 for pain. The facility and failed to assess	E6 on 5/10/12, she stated ssessment completed for Nursing-Pain Q (every) Shift brough 5/10/12 revealed that asions (3/6/12 at 11:55 PM AM) had staff monitored R65 failed to monitor R65 for pain the effectiveness of the ing administered from 5/2/12			And the second s	
randin kanada Araba kanada Maraba kanada	disease, malnutrition of bilateral foot pain	r Oxycodone 5 mg. tablet by				
	uncontrolled pain du and will express sati measures during thi Approaches include	d "evaluate pain r for S/S (signs/symptoms)				
	the pain flow sheet, the prin (as needed) notes revealed that to consistently monitor	ctronic records, specifically pain q (every) shift report and effective report and nurse's he facility failed to pre and post levels of pain e when Oxycodone was				

DIMENT OF HEALTH	AND HUMAN SERVICES				OMB NO. 0938-039	٦
		/X2\ MI	JLTIPLE	CONSTRUCTION	COMPLETED	
ENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL			**. 4	
AN OF CORRECTION	IDENTIFICATION TO	1			05/17/2012	١
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OF PROVIDER OR SUPPLIER			101 E	E. DELAWARE AVENUE		
MAR NURSING & REHAE	III ITATION CENTER		DEL	MAR, DE 19940	CTION (X5)	
MAR NURSING & REPAR		1D	┖──┯──	PROVIDER'S PLAN OF CORRE	COMPLETIC	N
SUMMARY ST.	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF	IX	(EACH CORRECTIVE ACTION SIN CROSS-REFERENCED TO THE APP DEFICIENCY)	ROPRIATE	
REGULATORY OR	LSC IDENTIFICATION TO THE CONTROL OF					
			ĺ		- 李孙蒙巨	• .
Team n	ane 41	F	309			•
309 Continued From p	litionally, the reports failed to		\			
administered. Add have consistent d	ocumentation.					•
have consistent o						
SKIN CONDITIO	NS	ļ			. :	
			}			
8. R1 was alert a	and oriented, dependent on a	ł	ļ		1-15.	΄,
wheelchair for mo	- witten of daily living.					
assistance with a	a socident on 5/7/12 revealed		}		門情觀情。	11 i
Observation of tr	her forearms. The resident	1	Ì			: 1
		}				
C heardagassal	/ IDIDUUII ON I II IA CO OPER		1			
of the day outsid	e in the courtyard.		Ì			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Ì	•		
Review of the pl	nysician's order sheet	Ì				
documented that	A (42 for an unner respiratory	1			1 30	
	1/12 for an upper respiratory eb site Drug.com documented				- 非制作	
		}				:
that when on in	limited sun exposure was	1			,	
recommended.	****	1			1	
		,				
Review of R1's	care plan for actual impaired skir				,	
integrity initiate	d on 6/1/11 and last up					
		2				
عط فسماء تسييرا	A milled dry Skill libili inc ion or "	n				
(from peeling 9	sunburn) and a treatment was	ļ		<u>,</u>		
initiated.	•	į.		4.	[] [] [] [] [] [] [] [] [] [] [] [] [] [
	that that			:		
A nurse's note	d on 5/4/12 documented that the					
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SAVINA ARY SKILL OIL TICL 1090 """			:	,	
	section off leaving an open area . (centimeter) long by 2 cm. wide					
					\ , ;	
Daving of the	clinical record lacked evidence of	fa			1. 1 h.	; .
	AND ALCOHOL MISH INTERVENTION OF A	,,_,				
sunscreen to	R1, who based on staff assessm	ent				<u> </u>
·				Facility ID: DE0025	If continuation sheet Page	:42
ORM CMS-2567(02-99) Previous	Event ID: F	Calil				

06/01/201	NT OF HEALTH	AND HUMAN SERVICES			PRINTED: 05/31/2012 FORM APPROVED OMB NO. 0938-0391
CENTERS I	OR MEDICARE	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN OF CO	A L	085041	B. WING		05/17/2012
	IDER OR SUPPLIER	SILITATION CENTER	s	TREET ADDRESS, CITY, STATE, ZIP COD 101 E. DELAWARE AVENUE DELMAR, DE 19940	
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F 309 C	ecently been on a vidence that R1 sk of prolonged s un measures.	outdoors in the sun and had an antibiotic. There was no was being educated about her sun exposure and preventive	F 30	09	
	hat she had not the confirm that so the sun. R1 was make you more as an antibiotic last ther skin when out bandages on her wounds from a si	r11/12 with the resident revealed been offered sun screen. She he spends a lot of time out side is also aware that antibiotics can it risk for sun burn after being on summer that caused irritation to to toors. R1 stated that the left arm and left shin were un burn that resulted in skin			A CONTROL OF THE PROPERTY OF T
	(nurse) revealed Monday (5/7/12) recent sun burn. dry skin off her swas superficial action, the areas but bandage off and she put on the lates.	that the resident was noted on to have peeling skin from a The resident began peeling the thin and forearm. E8 stated that it and she had a smaller bandage the resident was peeling the continuing to peel the skin so arger bandage with kling. E8 the should be offered sun screen.			
	The facility police Protocol" stated assigned to the movement document movement for 7 attending physical policy in the protocol movement for 7 attending physical phy				The state of the s

PRINTED: 05/31/2012 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 05/17/2012 085041 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 101 E. DELAWARE AVENUE **DELMAR NURSING & REHABILITATION CENTER** DELMAR, DE 19940 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID. EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 推翻 复杂门 F 309 F 309 Continued From page 43 regimen as indicated ...4. Initiation of the bowel regimen will be carried on the 24-hour report for follow-up on all three shifts ... 5. Residents at risk for constipation or that have had a history of constipation will have a care plan initiated ...7. Any resident who is receiving an opioid should be

A care plan for constipation was developed on 2/7/12 and included the approaches "monitor bowel movements (BM) to determine if there is a pattern; administer laxatives, stool softeners as ordered and document episodes of consistency/amount with BM's."

administration of a stool softener and/or laxative."

9, R54 had diagnoses that included advanced dementia with delusional features, congestive

reviewed by the physician for routine

heart failure and hypertension.

R54 had physician's orders for Milk of Magnesia (MOM) 30 ml by mouth as needed for constipation (dated 2/16/12) and Enema disposable 1 bottle rectal as needed for constipation (dated 3/1/12). Neither order stated how often they could be administered.

Review of the CNA-Incontinence/Toileting data sheet revealed that R54 had a large, soft BM on the 7 AM - 3 PM shift on 4/10/12. There was no documented BM until 4/14/12 when a small, soft BM was documented on the 7 AM-3 PM shift, which was a total of 11 shifts or greater than 72 hours. There was no evidence that the facility followed their bowel protocol and administered the MOM or fleets enema and/or notified the physician. Further review revealed that R54 did not have another BM until 4/19/12 on the 3 PM-

4 7

01/2012 ps.07	- CENTICES			FORM APPROVED OMB NO: 0938-0391
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AN OF CORRECTION		B. WING		05/17/2012
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OF PROVIDER OR SUPPLIER		10	1 E. DELAWARE AVENUE	
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309 Continued From pa	nae 44	F 309		
		ļ		
hours) At this time	R54 was documented to have		\	
had a large, hard E	BM. There was no evidence manifered MOM and/or a fleets or	; ';	1	
				· · · · · · · · · · · · · · · · · · ·
that the physician	had been nounco.			
Latia est "	Toileting data sheet			
		;		
		i		
Review of the me	dication administration record	a l		
revealed that R54	had not been given MOM unti	w		
5/8/12 at 3:23 PM	I, greater that day lacked	· [Į.	
of the 24 hour sn	at R54 had received MOM and)	į	√
documentation to	nt shifts to follow-up. As a result of the shifts to follow-up. As a result of the shift of the	ilt,	1	1
there were no ful	ther interventions until 5/9/12 a	it	İ	-\
			\	
enema was requ	ired on the 3 PM - 11 PM shift	` \		eir Neill
		at		
		col		
		ond	}	
	ia what chilling be diver in	ariu	1	
				1
document on th	e 24 hour report when follow-u	· · · · · · · · · · · · · · · · · · ·		
indicated.		1		
10 RS had a di	agnosis of constipation and a			
current physicia	an's order for Miralax 17 gm da	illy.		
for constipation).	ļ	1	
		,		
A care plan init	iated on 3/8/11 for constipation	•		
included the go	pal of "Will have decreased	j	Ĭ	
episodes of 00 approaches th	nstipation x 90 days" with			
approaches in	ar illaidaaa.		<u> </u>	If continuation sheet Page 4
	exiens Obsolete Event ID		Facility ID: DE0025	

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OF PROVIDER OR SUPPLIER			101 E. DELAWARE AVENUE	
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309 Continued From p	age 45	F 30	09	
11.1-1.1 投資的 [基] 2 - 11.1				
administer laxativ	es and stool softeners as	:	i ·	\ .
	es of consistency/amount with	}		3
BMs -monitor bowel m	overnents to determine if there	}		
is a pattern such	as time of day, cognitive		1	
function		1	1	100 · 100 ·
sung old	ctronic medical record (EMR)		\	1
Review of the following	wing for bowel monitoring:			1
			ļ	
-4/3 to 4/7/12 no	BM for 10 shifts	1	ļ	
-4/10 to 4/14/12	no BM for 11 shifts	!	•	
-4/20 to 4/24/12 -5/1 to 5/5/12 no	no BM for 10 shifts BM for 11 shifts	}		1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1 %				
Review of the E	MR including nurses' notes			
			\	17
	at the physician was notified and were offered.	}	ŧ	
104		Ì	\	
An interview on	5/9/12 at 2:25 PM with E16	1		· } :
` \ \ \	i (Muredi antili Divi II)(III)	.		
	ther the unit manager, ADON or nalyst make the nursing staff	1	ļ	
recidal	of has done a silling minious a	vi t	i	
10.00	Hione can be dolle. The Villy	L	Ì	
القواسط بالمالا ومقورات المالا	DE that collin be located was an	the	X X	:
THE PROPERTY OF THE PARTY.	AM after 11 shifts of no BM. By atton was made the resident had	<u>,</u>		
time the notific	ation was made the recitation	· 1	Ì	
		1		
11. R1 had dia	gnoses which included	0		
ination I	he regident was on Laciniose of	on. →		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The second of	liralax 17 gm daily for constipation	 . (<u> </u>	
for Milk of Mar	nesium (MOM) 30 ml as neede	:d		
TOF WINK OF WIE	Warrions Obsolete Event ID:		Facility ID: DE0025	If continuation sheet Page 46

		AND HUMAN SERVICES & MEDICAID SERVICES			PRINTED: 05/31/2012 FORM APPROVED OMB NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	'	MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		085041	B. WIN	NG	05/17/2012
	ROVIDER OR SUPPLIER NURSING & REHAB	ILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 101 E. DELAWARE AVENUE DELMAR, DE 19940	DDE
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F309	The resident had a impaired bowel funuse and decreased resident would pas	ge 46 ion. R1 was also on narcotic at can cause constipation. care plan for potential for ction related to (r/t) narcotic mobility. The goal was the a soft form stool every 3 nes included; monitor and	F3	309	
	record BMs per fact signs and symptom nausea, vomiting, habdominal distention agents as ordered suppositories etc.	ility bowel protocol, assess for is (s/s) of constipation - neadache, cramping and in, utilized pharmacologic - softeners, laxatives, enemas,			
	that from 3/8/12 thr shifts without a BM 3/21/12, R1 went 1 of the MAR and the assessment for cor no pharmalogical in were offered.	for bowel monitoring revealed ough 3/12/12, R1 went 14 and from 3/17/12 through 0 shifts without a BM. Review nurses notes revealed that no estipation was conducted and enterventions including MOM			
ţ.		on 5/17/12 with E2 (DON) and on R1's bowel monitoring			The second secon
	constipation. The re- for Senna Plus two constipation effecti 30 ml (milliliters) da	pses which included esident had physician's orders tablets twice a day for ve 10/29/10, Lactulose solution aily for constipation effective x powder 17 gm. (grams) daily			
	for constipation. Th	ere was also a physician's nl as needed daily for			

PRINTED: 05/31/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B, WING 085041 05/17/2012 STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER 101 E. DELAWARE AVENUE **DELMAR NURSING & REHABILITATION CENTER** DELMAR, DE 19940 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 309 Continued From page 47 F 309 The resident's care plan included constinution with a goal of decreased episodes of constipation. The interventions included to document the episodes of, consistency and amount of BMs, to administer laxative/stool softener medications and to monitor bowel movements to determine if there is a pattern. Review of the EMR revealed that between 3/8 and 3/12/12 R14 had 14 shifts with no BM and between 3/17 and 3/21/12 there were 10 shifts with no BM. There was no evidence that an assessment was completed, the physician was contacted or interventions including the MOM were initiated. This was reviewed with E1 (administrator) and E2 (DON) on 5/17/12. 13. R119's admission MDS assessment dated 2/16/12 revealed that the resident was cognitively intact for daily decision making and needed total assistance for toilet use and was continent of bowel and that the resident was immobile for ambulation and had problems. Review of the "NUR-Admission Nursing Assessment" dated 2/5/12 documented R119 had a history of constipation and disimpaction by a physician. Review of care plan titled "Constipation" included a goal that resident will have decreased episodes of constipation for 90 days. Approaches included monitor bowel movements to determine if there is a pattern, such as time of day, cognitive function. Document episodes of consistency/amount with BM's. Administer laxatives, stool softeners as ordered.

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CENTE	RS FOR MEDICARE	HAND HUMAN SERVICES E & MEDICAID SERVICES			FORM APPROVED
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NAME OF	PROVIDER OR SUPPLIER	<u> </u>	ST	REET ADDRESS, CITY, STATE, ZIP	05/17/2012
DELMA	R NURSING & REHAB	LITATION CENTER	1	101 E. DELAWARE AVENUE DELMAR, DE 19940	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TON SHOULD BE COMPLETION THE APPROPRIATE DATE
F 309	Continued From pa	ge 48 ician's orders for April 2012	F 309		
	revealed the following constipation:	ng PRN orders for treatment			
	by mouth daily	MOM) oral suspension 30 ml lablet by mouth daily disposable enema			
	the 11 PM -7 AM sh documented BM un BM was documente	-Incontinence/Toileting" data R119 had a large, soft BM on ift on 4/17/12. There was no til 4/21/12 when a large, soft d on the 7 AM-3 PM shift, 12 shifts or greater than 72		,	The state of the s
	protocol. Additionall eMAR lacked eviden	nce that the facility assessed n and/or followed their bowel y, review of the April 2012 nce that any of the PRN ion was implemented.			
別の事を	congestive heart failumellitus, cerebrovaso Parkinson's disease, rheumatoid arthritis a pulmonary disease. A significant change I 3/8/12 stated R65's c	ted to the facility post 2/12. Diagnoses included ure, hypertension, diabetes cular accident (stroke), depression, glaucoma, and chronic obstructive MDS assessment, dated ognitive skills were	THE PROPERTY OF THE PROPERTY O		
E	rioderately impaired, assist of one person f	that he required extensive for bed mobility and was wo staff for transfers.		.	

DEPAR CENTE	TMENT OF HEALTRS FOR MEDICAR	TH AND HUMAN SERVICES RE & MEDICAID SERVICES				PRINTED: 05/31/2012 FORM APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) I		TIPLE CONSTRUCTION	OMB NO. 0938-0394 (X3) DATE SURVEY COMPLETED
		085041	B. W			5 4
NAME OF F	ROVIDER OR SUPPLIER	₹		Τ		05/17/2012
DELMAR	NURSING & REHA	BILITATION CENTER		1 1	REET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940	
(X4) ID PREFIX TAG	EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ix	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOLD BE WELL COURSEDON
F 309	Continued From p	page 49	F	309		
	(sic) AEB (as evid (stroke) related to: included the appro- neutral position; go alignment are to be care plan develope pressure ulcers. In	eviewed on 5/3/12 for the on and treatment of deformities enced by): Hx (history) CVA decrease (sic) mobility" each "joints to be maintained in cod posture and body e maintained at all times." A ed for the prevention of st reviewed on 4/25/12, stated to be turned and repositioned skin checks.				
5	head of the bed up 5/9/12 8:50 AM - he degrees, remains ly 5/9/12 9:40 AM - sa bbservation. 5/9/12 10:12 AM - s	ring on back. Ime position				
5 5 5 5	5/9/12 10:50 AM - s 5/9/12 12:10 PM - s 5/9/12 2:55 PM - sle 5/9/12 3:50 PM - lyir 6/9/12 3:50 PM - lyir 6/9/12 4:30 PM - lyir	ame position, but has now				The state of the s
5/		g on back, , head of bed at				
tu ch	rned and reposition ecks, despite surve ntrary. There was r	Assessment Report for Turn 12 documents that R65 was ned every 2 hours with skin eyor observations to the no documented evidence				The state of the s
4 CMS-2567(D	2-99) Previous Versions Ot	osolete Event ID: EC8111	Fa	cility !	ID: DE0025	
: :					ID. DEBUZO	

If continuation sheet Page 50 of 67

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DEPARTMENT OF HEALT	H AND HUMAN SERVICES			DOMECO	
CENTERS FOR MEDICAR	F & MEDICAID SEDVICES			FUDIA FUDIA	05/31/2012
STATEMENT OF DEFICIENCIES	A MEDICAID SERVICES	·			PPROVED
AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONSTRUCTION	OMB NO.	0938-0391
the training to	IDENTIFICATION NUMBER:	A. BUILD		(X3) DATE SU	RVEY
	• *	A. BUILD	ING	COMPLE	kED
	085041	B. WING			î 1. â:!a
NAME OF PROVIDER OR SUPPLIER				05/17	2012
The second secon	•	ST	FREET ADDRESS, CITY, STATE, ZIP CODE		2012
DELMAR NURSING & REHAB	ILITATION CENTER	- 1	101 E. DELAWARE AVENUE	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	
			DELMAR, DE 19940	J	
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m and		1			
F 309 Continued From pa	ge 50	F 000	<u> </u>		ė,
that the resident ha	refused to be turned and	F 309	1		
repositioned on 5/9/	12	ł	+	3 3	
F 312 483 25(a)(2) ADI O	14. ADC DDOL ::=====	i	I	*	g
F 312 483.25(a)(3) ADL C	AKE PROVIDED FOR	F 312	F2	10	
SS=D DEPENDENT RESI	DENTS		F312		
A	ļ				
A resident who is un	able to carry out activities of		It is the practice of Delmar Nursing &		
dany nanta receives	[NB Decessor continue to		Center to ensure a resident who is una	Kenabilitation	
: Lucintant 3000 Unitili	on, grooming, and personal		Out activities of July 19	able to carry	
and oral hygiene.	B, p 2.00.741		The state of the s		
	j	į	to maintain good nutrition as	Ooming and	
2. 行動機能够		!	personal and oral hygiene.	coming, and	
		į			
This REQUIREMENT	is not met as evidenced		No corrective action can be accomplish resident		
by:	is not met as evidenced		resident.	ed for this	
	lew and interview, it was				1
determined that the	new and interview, it was		Residents of Dollars		1
one (R119) out of 47	acility failed to ensure that		Residents of Delmar Nursing & Rehabili	tation Center	
unable to corre out a	sampled residents, who was		Potential ID De affected L	i,	
unable to carry out ac	ctivities of daily living		" s have been educated on als.		96 1 -
bygione Finding	ry care to maintain personal	'	refusal of shower in the EMR system (At	menting	
hygiene. Findings inc	ude;	A	A).	tachment	
D440					
K 19 was admitted to	the facility on 2/4/12 with	ī	he Unit Manager		
Figure 3 to 100 to 11 to 10 to	NUMBER CONTROL /M.C.		he Unit Manager and ADON will conduc	t random	1
TOTAL PAID, RELIGOR	BiC bladder doorganian		"/ Tagita ioi a ilinothe to an		- [
and hypertension. In	e admission Minimum Data I		" o " o vicis, or documentation of "	erectify at 6	
I VVI (MIDO) dSSESSMEI	N (12 tad 2 / 16 / 1 2)	Þi	resent (Attachment S).	erusal is	İ
documented (Nat R 11)	Was indonondones			i	. [
Aggregation may lift 900 L	equired total assistance of	Re	Sults of these and the sure	;	. li.
staff for bathing.	- damog total assistance of	O.	esults of these audits will be forwarded t	to the	
			""" Assurance Committee for		1
Review of care plan tit	led "ADL (Activities of Daily	~-	anty Assurance Committee will determi		
Living): Self-Care Def	cit-max. (maximum) assist	ne	ed for further audits.	ne the 6/8	/2012
related to M S as as as	ancod by assist	Ì		* 1¥	-
1	HICHA DV ropuising Late 1	. !		1 6	1
Self-care and denied	approaches to "encourage	1		1 1	j
self-care and provide a	ssistance as needed."	ĺ		1	1
		1		- [4].	.
Review of a document	fitled "Station 1 CNA	1	•	141	1
(Certified Nursing Assis	stant) Assignments"	ļ		报	<u> </u>
		•		14	.]
S-2667(02-99) Previous Versions Obsc	lete Event ID: EC8111			1 1	J
	C-5/16 (D. EUSI)]	Facility	ID: DE0025		

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56/73 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/31/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO: 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 085041 B. WING NAME OF PROVIDER OR SUPPLIER 05/17/2012 STREET ADDRESS, CITY, STATE, ZIP CODE DELMAR NURSING & REHABILITATION CENTER 101 E. DELAWARE AVENUE DELMAR, DE 19940 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE . (X5) COMPLETION CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 312 Continued From page 51 revealed that R119 was scheduled for a shower F 312 every Wednesday and Saturday during day shift Review of report titled "GRID TREATMENT/ASSESSMENT REPORT CNA-ADL Status" from the facility's electronic medical record (EMR) system for period 4/9/12 to 5/9/12 revealed that R119 received total of four showers on 4/11/12, 4/21/12, 4/28/12, and 5/5/12. Review of nurses notes for this same period of time lacked evidence of additional showers offered and or refused. An interview with E21 (CNA) on 5/11/12 at approximately 1 PM revealed that in the EMR system, there was not an option to document refusal of shower by residents and if a resident refused a shower, £21 would inform the nurse. 483.25(I) DRUG REGIMEN IS FREE FROM F 329 **UNNECESSARY DRUGS** F 329 SS=F Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.

RM CMS-2567(02-99) Previous Versions Obsolete

Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic

Event ID: EC8I11

Facility ID: DE0025

If continuation sheet Page 52 of 67

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUBBLIFEROUS	FORM APPROV OMB NO. 0938-03
AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY
THE RESIDENCE OF THE PROPERTY	A. BUILDING COMPLETED
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NAME OF PROVIDER OR SUPPLIER	B. WNG
	STREET ADDRESS CITY OTHER 9
DELMAR NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE
	DELMAR, DE 19940
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	PREVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETION CROSS REFERENCE ACTION SHOULD BE COMPLETION
ON ESO IDEATIFFING INFORMATION)	TAG CROSS-REFERENCED TO THE APPROPRIATE DATE
	DEFICIENCY)
F 329 Continued Farm	
F 329 Continued From page 52	F 329 F329
drugs receive gradual dose reductions, and	
John Violatin Control of the control	It is the practice of Delegant
contralliblicated, in an effort to discontinue these	It is the practice of Delmar Nursing & Rehabilitation
drugs.	some to ensure each resident's drug regimen is
· · · · · · · · · · · · · · · · · · ·	free from unnecessary drugs. An unnecessary drug
	is any drug when used in excessive dose (including
to the second se	duplicate therapy); or for excessive duration; or
	without adequate monitoring; or without adequate
This DEOLUDELACE.	indications for its use; or in the presence of adverse
This REQUIREMENT is not met as evidenced by:	consequences which indicate the dose should be
	reduced or discontinued as a should be
Based on record review and interview, it was	reduced or discontinued; or any combinations of the reasons above:
determined that for three (R65, R43, and R5) out	reasons above:
THE PARTY OF THE PROPERTY OF THE PROPERTY AND THE PROPERTY OF	
ensure that the resident's drug regimen was	No corrective action can be accomplished for these
adequately monitored. Findings include:	residents.
1. R65 had a diagnosis of diahara	Booklants (SD.)
 R65 had a diagnosis of diabetes mellitus and was receiving insulin injections daily. 	Residents of Delmar Nursing & Rehabilitation Center
modific injections daily.	have the potential to be affected by this practice.
On 4/5/12 a physician's order was written for R65	The nursing staff has been educated on
	documentation of prn effectiveness, blood pressure,
	and pulse (Attachment I)
THE STATE OF THE S	
day.	The DON will conduct random monthly audits for 3
	months to ensure documentation is in place
Review of the Grid Treatment/Assessment	(Attachment R).
TOPULE NUL-ACC-Checks report and	}
	Results of these audits will be forwarded to the
	Quality Assurance Committee for review. The
	Onality Assurance Committee for review. The
	Quality Assurance Committee will determine the
	need for further audits. 6/8/2012
STRUCTURE DI FORS NOMA ASSESSI LA LA LA LA LA LA LA LA LA LA LA LA LA	
- ! """""""" " ! ! ! ! L. \\	1 S S S S S S S S S S S S S S S S S S S
5/5/12 and 5/6/12.	
Einelle	and the state of t
Findings were acknowledged by E6 (compliance	
MS-2567(02-99) Previous Versions Obsolete Event ID: ECBI11	
E-sour ID. ECRIT	Facility ID: DE0025
	If continuation sheet Page 53 of 67

DEPART	MENT OF HEA	.TH A	ND HUMAN SERVICES			•	٠	PRINTED: 00 FORM APOMB NO: 05	PROVED
STATEMENT	S FOR MEDICA OF DEFICIENCIES CORRECTION	RE &	MEDICAID SERVICES 1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ULTIPI	LE CONSTRUCTION		(X3) DATE SURV COMPLETE	#Y
	121 n		085041	B. WIT	1G			05/17/2	012
2,	ROVIDER OR SUPPL		ITATION CENTER	-	10	ET ADDRESS, CITY, STATE, ZII 1 E. DELAWARE AVENUE ELMAR, DE 19940	P CODE		
(X4) ID PREFIX TAG	SUMMARY	STATE	MENT OF DEFICIENCIES NUST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREF TAG	ix	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHO	ULD BE 및 위로명	(X6) DMPLETION DATE
F 329	documents for r	12 wh eviev	en she provided the v.	F	329			100 mm (100 mm) (100	
	3/12/12, include behaviors in the monitoring form	ed inte nurs and	ehavior care plan, dated erventions to document e's notes and the behavior to document the tiveness of interventions.					7.50 7.50	
	Lorazepam 1 m (prn) for agitation	ng. by on/an	•					The state of the s	,
	administration received Loraz	record epam indica	and May 2012 medication ds (MARs) revealed that R43 on 4/1, 4/6, and 5/6. ated that the facility failed to of Lorazepam in R43's						
	behavior monite There was no confor the Lorazep Additionally, the	oring docun am a e facil	sheets on 4/1, 4/6 and 5/6. nentation in the nurse's notes dministered on 4/1 and 5/6. lity failed to document the stiveness of the medication on		***************************************				The state of the s
	on 5/10/12 that notes should he required the us	the bave rese of p	·		ļ			122	
	Ambien 5 mg. l (prn) for insom	by mo nia. 's inso	ohysician orders included outh at bedtime as needed omnia care plan, dated intervention to				٠		
FORM CMS-2!		repor	t mood for ongoing use (of	· · · · · · · · · · · · · · · · · · ·	Fac	sliity ID: DE0025	If conti	nuation sheet P	ge: 54 of 67

PRINTED: 05/31/2012 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO 10938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATÉ SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 05/17/2012 085041 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 101 E. DELAWARE AVENUE **DELMAR NURSING & REHABILITATION CENTER** DELMAR, DE 19940 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG . DEFICIENCY) F 329 F 329 Continued From page 54 Ambien). Review of the April and May 2012 MARs revealed that R43 received Ambien on 4/1, 4/6, and 5/6. Record review revealed that the facility failed to consistently document the usage of Ambien prin in R43's behavior monitoring sheets and nurse's notes. They also failed to consistently document/monitor the effectiveness of the medication. 3. R5 was on Enalapril 5 mg. daily and Lasix 20 mg. daily for hypertension. The resident had a current physician's order originating 2/24/11 to have blood pressure (BP) and pulse (P) monitored weekly.

Review of the electronic medical record (EMR) documentation in March 2012 the BP and P were only done twice (3/1 and 3//8/12) and April 2012 were only done twice (4/5 and 4/19/12).

This was reviewed with E1 (administrator) and E2 (DON) on 5/17/12. No more monthly vital signs were available for review.

483.25(n) INFLUENZA AND PNEUMOCOCCAL

The facility must develop policies and procedures that ensure that —

 (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;

(ii) Each resident is offered an influenza

F 334

IMMUNIZATIONS

F 334 SS=D

	NEW OF HEAL	TU	AND HUMAN SERVICES				PRINTED: (5/31/2012 PPROVED
DEPART	S FOR MEDICA	RE	& MEDICAID SERVICES	١			OMB NO. C	5.00
TATEMENT	OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULT	PLE CONSTRUCTION	(X3) DATE SUR	ED!
ND PLAN OF	CORRECTION		IDENTIFICATION NUMBER:	A. BUI	LDIN	G		
:	*		085041	B. WIN	NG		05/17/	2012
NAME OF DE	ROVIDER OR SUPPL	FR			STE	REET ADDRESS, CITY, STATE, ZIP CODE		
*						01 E. DELAWARE AVENUE	-	
DELMAR	NURSING & RE	IAB	LITATION CENTER		D	ELMAR, DE 19940		
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- 4								
F 334	Continued From	n pa	ge 55	F	334	F334		
	immunization C	cto	per 1 through March 31					
	annually, unles	s the	e immunization is medically			It is the practice of Delmar Nursing &	Rehabilitation	
			he resident has already been			Center to ensure that before offering	the	
	immunized dur	ng t	his time period;			pneumococcal immunization, each re	esident, or the	
14 401	(III) The resider	t or	the resident's legal			resident's legal representative receiv	es education	242-04
İ	representative		the opportunity to refuse			regarding the benefits and potential	side effects of	
.	(iv) The resider	ario Sta	medical record includes			the immunization.		
	documentation	tha	indicates, at a minimum, the					
	following:					Resident 79 no longer resides in this	facility.	
74 4	(A) That the	esid	ent or resident's legal					
			provided education regarding			Charts of residents admitted to and s		
r Åd i en i			tential side effects of influenza]		Delmar Nursing and Rehabilitation Co		n
	immunization;		the second show			reviewed to ensure documentation of	of education is	: :
			ent either received the ation or did not receive the			present.		
·			ation due to medical					
	contraindication			İ		The "Pneumococcal Polysaccharide \		1 50
. A ago			, i di di di di di di di di di di di di d			You Need to Know" information state		n
	The facility must that ensure that		evelop policies and procedures			added to the Admission Packet (Atta	chment T).	
			he pneumococcal	l		All new admissions will be reviewed	in morning	
	, , ,	-	resident, or the resident's			meeting to ensure education on the	pneumococcal	
· · · · · · · · · · · · · · · · · · ·	legal represent	ativ d po	e receives education regarding stential side effects of the			vaccine has been provided (Attachm	ent J).	
	immunization;					Results of these audits will be forwar	ded to the	:
•			offered a pneumococcal	: I		! . Quality Assurance Committee for rev		
			ss the immunization is			Quality Assurance Committee will de	termine the	
			licated or the resident has			need for further audits.		6/8/2012
	already been in						:	
j			the resident's legal					
	immunization;		the opportunity to refuse	l		I and the second		ii - li
			medical record includes			i	ļ	
			t indicated, at a minimum, the			İ		
	following:	• 					• 1	
: :	(A) That the n		ent or resident's legal				:. !	
			provided education regarding					
ORM CMS-25	67(02-99) Previous Ve	rsion	Obsolete Event ID: FC8I11		E-	willing ID: DE0025		L 50-607

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	· ·		085041	B. WIN			05/17/	2012	2
-	OVIDER OR SUPPI		ILITATION CENTER		1	REET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE DELMAR, DE 19940			• • • •
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	pneumococca (B) That the i pneumococca the pneumoco contraindicatio	id po imn esid imn ccal n or	nunization; and ent either received the nunization or did not receive immunization due to medical refusal.	F	334		And the second s		
	and practitions pneumococca years following immunization, the resident o	r re l imr g the unle the	re, based on an assessment commendation, a second nunization may be given after 5 if first pneumococcal ass medically contraindicated or resident's legal representative d immunization.					A THE RESIDENCE OF THE PARTY OF	
	by: Based on recidetermined the resident or provided educe potential side immunization	ord at the r res atio effector of	eNT is not met as evidenced review and interview, it was e facility failed to ensure that ident's legal representative was n regarding the benefits and cts of pneumococcal one (R79) out of five (5) I. Findings include:				THE STATE OF THE S		
	Screening and "Pneumoco offered the value admittedThe provided the confirmation of the patient of immunization regarding the providedDo	d Im- ccal ccin e pa oppo or leg edu ben cum	entitled "Infection Control munization" page 18 states, vaccinations Patients are e and immunized when tient or legal representative is rtunity to refuse immunizations. gal representative refuses acation and consultation efits are entation of administration Record					And the second s	
FORM CMS-25	67(02-99) Previous	/ersio	ns Obsolete Event ID: EC8I11	L		Facility ID: DE0025 If co	ontinuation sheet	age	57 of 67

TEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII	PLE CONSTRUCTION	(X3) DATE SURV COMPLETE	EY.
·		085041	B. WING		05/17/2	012
ME OF P	ROVIDER OR SUPPL	IER		REET ADDRESS, CITY, STATE, ZIP CODE		
		IABILITATION CENTER		01 E. DELAWARE AVENUE DELMAR, DE 19940		
Vii eks		STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECT	TION	(X5) OMPLET
(X4) ID PREFIX TAG	(EACH DEFICI	ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE 1 9	DATE
			F 004			
F 334	Continued From		F 334		, (1) 34 , (1) 13 , (1) 14	
	and the Patient	Immunization TrackingThe date or refusal and date counseling		İ		
		e pneumococcal vaccine are				
	included on the					
;i .	R79 was admit	ted to the facility on 1/20/12.			13 13	1
٠ ;		linical record lacked documented ne benefits and potential side				
٠.		neumococcal immunization were		; }		数
·	discussed with	R79. The vaccine was charted as			**	
. :	refused on 1/1	1/12 during a previous admission.				i ·
	100				5	
		view with E6, Facility Compliance		Į.	! 1	
		/12, she acknowledged the lack of ded evidence regarding the		F371		
		vaccine education for R79.				
F 371	1 -		F 371	It is the practice of Delmar Nursing &		}
SS=D	\	ARE/SERVE - SANITARY		Center to (1) procure food from source		
				considered satisfactory by Federal, St		ļ
-	The facility mus			authorities; and (2) store, prepare, di		
		d from sources approved or isfactory by Federal, State or local		serve food under sanitary conditions.		
	authorities; and			No corrective action can be accompli	ched for this	
		are, distribute and serve food		resident. The microwave has been cl		
	under sanitary			resident. The iniciowave has been co	earieu.	
	: .			Residents of Delmar Nursing & Rehat	oilitation Center	1.
		!		have the potential to be affected by t		! ;
		ĺ		deficient practice. The nursing staff l		, ·
		No. of the second secon		educated on serving food (Attachme		
.i .:: _} ;	This REQUIRE	MENT is not met as evidenced				•
	by;	ì		Dignity Audits will be conducted wee		,
		ervations it was determined that		months by a nursing supervisor (Atta	chment D).	
		d to serve food under sanitary			1 15. 11	::
	conditions. Find	angs include.		Results of these audits will be forwar		<u>:</u>
	1. Ön 5/7/12 at	1:18 PM E19 (nurse) was		Quality Assurance Committee for rev		
	observed in R2	5's room wearing gloves while		Quality Assurance Committee will de		d. :- •
	Γ',	~ -		need for further audits.		6/8/2

PRINTED: 05/31/2012 FORM APPROVED OMB NO: 0938-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SÜRVEY COMPLÉTED (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 05/13/2012 085041 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 101 E. DELAWARE AVENUE **DELMAR NURSING & REHABILITATION CENTER** DELMAR, DE 19940 (X5) PROVIDER'S PLAN OF CORRECTION 1D SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE: (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) F 371 Continued From page 58 ್ F 371: assisting the resident with her lunch tray. With the same gloved hands the nurse used while assisting the resident she pulled the bread out of the wax paper and handled it with the gloves contaminated by touching the resident and other items on the tray. 2. Observation of Station 1 Medication Room on 5/11/12 at approximately 3 PM revealed a microwave encrusted with food debris. An interview with E7 (Nurse) on 5/11/12 at approximately 3:15 PM confirmed that the microwave was utilized for residents and staff and needed to be cleaned. F 428 483.60(c) DRUG REGIMEN REVIEW, REPORT F 428 IRREGULAR, ACT ON ್ವSS≑E The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced Based on record review and interview it was

determined that the facility failed to ensure that during the medication regimen review (MRR) the consultant pharmacist identified and reported irregularities (monitoring of medications) to facility administration for five of 47 sampled residents (R8, R43, R5, R119, and R79). Findings include:

DEPARTMENT OF HEALTH AND HUMAN SERVICES **CENTERS FOR MEDICARE & MEDICAID SERVICES**

PRINTED: 05/31/2012 FORM APPROVED OMB NO. 0238-0391

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(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A BUILDING

(X3) DATE SURVEY

085041

B. WING

05/17/2012

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE 101 E. DELAWARE AVENUE

C4)D PRETIX TAG Continued From page 59 1. Cross refer F309, example 1. Review of R8's physician orders included Tramadol 50 mg 1 tablet by mouth every 6 hours as needed (pm) for cancer pain. Review of the 'April and May 2012 medication administration records (MARs) revealed that R8 received pm doses of Tramadol of 4/1, 4/3, 4/5, 4/10, 4/13, 4/15, 4/18, 4/21, 4/30 and 5/4. Nurse's notes were reviewed as well as prn effective reports. There were numerous doses of Tramadol per half there was no pre and/or post pain score (so unable to evaluate effectiveness of pain medication and to accurately evaluate frequency/levels of pain). Medication Regimen Reviews (MMRs) dated 3/26/12 and 4/23/12 completed by the facility pharmacy consultant were reviewed. In both reports, there was no identification and procommendation (s) made to the facility regarding lack of consistent monitoring for R8's prn Tramadol. 2. Cross refer F329, example 2. Review of R43's physician orders included Review of R43's physician orders included Paramacis Will create a Nursing Recommendation in response to the missing vital signs, to be delivered	DEL MAS	R NURSING & REHABILITATION CENTER	1	101 E. DELAWARE AVENUE	4.1.4
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there was no pre and/or post pain score (so unable to evaluate effectiveness of pain medication and to accurately evaluate frequency/levels of pain). Medication Regimen Reviews (MMRs) dated 3/26/12 and 4/23/12 completed by the facility pharmacy consultant were reviewed. In both reports, there was no identification and recommendation(s) made to the facility regarding lack of consistent monitoring for R8's prn Tramadol. Will obtain the PRN Effectiveness Report from CueShift and identify PRN medications that are missing documentation of effect. The Consultant Pharmacist will create a Nursing Recommendation in response to the missing PRN, to be delivered to the nursing unit for review. The Consultant Pharmacist will provide a master list of these recommendations to the DON. The Consultant Pharmacist will also obtain monthly the BP/Pulse Report from CueShift and identify those medications that are missing documentation of BP/Pulse. The Consultant Pharmacist will create a Nursing Recommendation in response to the missing vital signs, to be delivered in the PRN Effectiveness Report from CueShift and identify PRN medications that are missing documentation of effect. The Consultant Pharmacist will create a Nursing Recommendation in response to the missing vital signs, to be delivered in the PRN Effectiveness Report from CueShift and identify PRN medications that are missing documentation of effect. The Consultant pharmacist will create a Nursing Recommendation in response to the missing vital signs, to be delivered in the PRN Effectivenes and identify provide a master list of these recommendations to the DON. The Consultant Pharmacist will also obtain monthly the BP/Pulse Report from CueShift and identify provide a master list of these recommendations to the DON. The Consultant Pharmacist will also obtain monthly the BP/Pulse Report from CueShift and identify pharmacy provide a master list of these recommendations to the DON. The Consultant Pharmacist will also obtain monthly the BP/Pulse Report from CueShift and ide		recording of pain site) and multiple times that		ſ	141 1
medication and to accurately evaluate frequency/levels of pain). Medication Regimen Reviews (MMRs) dated 3/26/12 and 4/23/12 completed by the facility pharmacy consultant were reviewed. In both reports, there was no identification and recommendation(s) made to the facility regarding lack of consistent monitoring for R8's prn Tramadol. 2. Cross refer F329, example 2. Review of R43's physician orders included missing documentation of effect. The Consultant Pharmacist will create a Nursing Recommendation in response to the missing documentation of effect. The Consultant Pharmacist will create a Nursing Recommendation in response to the missing documentation of BP/Pulse Report from CueShift and identify those medications that are missing documentation of BP/Pulse. The Consultant Pharmacist will create a Nursing Recommendation in response to the missing vital signs, to be delivered	7.3	there was no pre and/or post pain score (so		1	
frequency/levels of pain). Medication Regimen Reviews (MMRs) dated 3/26/12 and 4/23/12 completed by the facility pharmacy consultant were reviewed. In both reports, there was no identification and recommendation(s) made to the facility regarding lack of consistent monitoring for R8's prn Tramadol. 2. Cross refer F329, example 2. Review of R43's physician orders included Pharmacist will create a Nursing Recommendation in response to the missing PRN, to be delivered to the nursing unit for review. The Consultant Pharmacist will provide a master list of these recommendations to the DON. The Consultant Pharmacist will also obtain monthly the BP/Pulse Report from CueShift and identify those medications that are missing documentation of BP/Pulse. The Consultant Pharmacist will create a Nursing Recommendation in response to the missing vital signs, to be delivered		unable to evaluate effectiveness of pain		1	1
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lack of consistent monitoring for R8's prn Tramadol. 2. Cross refer F329, example 2. Review of R43's physician orders included and identify those medications that are missing documentation of BP/Pulse. The Consultant Pharmacist will create a Nursing Recommendation in response to the missing vital signs, to be delivered	i i ii iii	reports, there was no identification and			·
Tramadol. 2. Cross refer F329, example 2. Review of R43's physician orders included documentation of BP/Pulse. The Consultant Pharmacist will create a Nursing Recommendation in response to the missing vital signs, to be delivered		recommendation(s) made to the facility regarding			·
2. Cross refer F329, example 2. Review of R43's physician orders included Review of R43's physician orders included Review of R43's physician orders included		Tramadol			· .
Review of R43's physician orders included response to the missing vital signs, to be delivered		Transacr.			
indicates of 1740 a bityaician orders included	• :	2. Cross refer F329, example 2.			
		Review of R43's physician orders included			
i i marane e no antituto canta as licedes i		Lorazepam 1 mg by mouth twice daily as needed		to the nursing unit for review. The Consult	1334
(prn) for agitation/anxiety and Ambien 5 mg by Pharmacist will provide a master list of these		(pm) for agitation/anxiety and Amblen 5 mg by			se E
mouth at bedtime prn for insomnia. recommendations to the DON.	i i	mount at beginne printor insomnia.		recommendations to the DON.	
Review of the April and May 2012 medication The Pharmacist's Quarterly QA report will include	M	Review of the April and May 2012 medication		The Pharmacist's Quarterly QA report will i	nclude
administration records (MARs) revealed that R43 the number of uncharted PRN and BP/Pulse entries	1/4	administration records (MARs) revealed that R43			i .
for the prior 3 months. 6/15/2012					

	Y)=					PRINTED:	ii 6/31/	2012
		AND HUMAN SERVICES				FORM A	PRC	OVED
STATEMENT	S FOR MEDICARE OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI		PLE CONSTRUCTION	(X3) DATE SUR COMPLETE	EY.	
		085041	B. WIN			05/17	012	
	ROVIDER OR SUPPLIER	ILITATION CENTER		10	EET ADDRESS, CITY, STATE, ZIP CODE 01 E. DELAWARE AVENUE ELMAR, DE 19940			
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F 428	s le	n on 4/1, 4/6, and 5/6.	F4	128		analyticoverse the state of the		
	that R43 received A	and May 2012 MARs revealed Ambien on 4/1, 4/6, and 5/6. ealed that the facility failed to lent the usage of Lorazepam						
	and Ambien prn in sheets and nurse's consistently docum of the medication.	R43's behavior monitoring notes. They also failed to ent/monitor the effectiveness						
	revealed failure of the identify and make r	ated 3/27/12 and 4/30/12 the consultant pharmacist to ecommendations(s) to the ck of consistent monitoring for d Ambien for R43.						
	(HTN) and Lasix 20 resident had a physical	il 5 mg daily for hypertension) mg daily for HTN. The sician 's order originating od pressure (BP) and pulse					A man and popular of the control of	
	documented in Mai	ronic medical record rch 2012 the BP and P were d 3//8/12) and April 2012 were d 4/19/12).					A Company of the Comp	
		riew (MMR) was completed on 2 and failed to identify the conitoring.		3				
	This was reviewed (DON) on 5/17/12. were available for r	with E1 (administrator) and E2 No more monthly vital signs eview.						

PRINTED 05/31/2012 **FORM** PPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO 10938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 05/1湖2012 085041 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 101 E. DELAWARE AVENUE DELMAR NURSING & REHABILITATION CENTER DELMAR, DE 19940 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 61 F 428 4. Cross refer, F309 example 2 R119 was admitted to the facility on 2/4/12 with diagnoses including multiple sclerosis, chronic pain, neurogenic bladder, depression, and hypertension. Review of R119's March 2012 and April 2012 physician's order included the following pharmacological PRN interventions for chronic Oxycodone 5 mg, by mouth every 4 hours. Oxycodone 10 mg, by mouth every 4 hours Review of the electronic Medication Administration Record (eMAR) for March 2012 and April 2012 documented that R119 was administered 92 doses of Oxycodone 10 mg. in March 2012 and 84 doses of Oxycodone 10 mg. in April 2012. Review of the "Pain Flow Sheet" (a documentation in the facility's EMR in which staff documented the pain assessment prior to an pain medication intervention) for March 2012 revealed that the facility assessed and documented the level of pain prior to the administration of the Oxycodone for 40 out of the 92 (43%) administrations. For April 2012, the facility assessed and documented pain prior to administration 31 out of 84 (37%) administrations.

1

Another, separate report titled "PRN Effective Report" was reviewed which the facility's staff documented the effectiveness of the Oxycodone intervention. For March 2012 and April 2012, this report lack of evidence of a reassessment for 13 of 92 administrations (14%) and 11 of the 84

DEPART	MENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES				OMB NO. 1	PPROVED 938-0391
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AND PLAN O	F CORRECTION	IDENTIFICATION NUMBERS	A. BUII				
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F 428		-	F	428	,		
	administrations (13 respectively.]			
	2012 revealed that PRN and that staff	otes for March 2012 and April Oxycodone was administered nurses failed to utilize the lale to reassess pain but rather					
:	documented "pai results", "pain relie	n is much improved", "good ved", and "good effects."					
	the consultant pha	r March 2012 and April 2012, rmacist failed to identify that ents prior to and post ain medication were					
The state	diagnoses includin region, hypertension	19, example 3. 2d to the facility on 1/10/12 with g spinal stenosis in cervical on, depression, Gout, xiety disorder, and insomnia.		!			
	included the follow interventions on a - Oxycodone 5 mg	pril 2012 Physician's order ing pharmacological PRN basis for chronic pain: . by mouth every 4 hours g. by mouth 4 hours	***************************************				
	2012 documented of Oxycodone 10 r respectively.	AR for March 2012 and April that 126 doses and 60 doses ng. was administered					Policy of the Control
	revealed that the fadocumented the le administration of the	n Flow Sheet" March 2012 acility assessed and vel of pain prior to the ne oxycodone for 79 out of 126 ons. For April 2012, the facility	7			A CONTRACTOR OF THE CONTRACTOR	

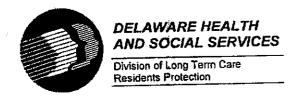
		AND HUMAN SERVICES			PRINTED:	05/31/2012 PPROVED
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		085041	B. WING_		05/17	2012
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F 428	administration 33 o administrations. Review of "PRN Eff lack of evidence of 126 administrations	mented pain prior to	F 428			
	2012 revealed that PRN and that staff same numerical sc	otes for March 2012 and April Oxycodone was administered nurses failed to utilize the ale to reassess pain but rather active outcome", "positive affect."			10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	the state of the s
F 469	4/20/12, however, to failed to identify the and post administration completed. 483.70(h)(4) MAIN	td on 1/21/12, 2/28/12, and the consultant pharmacist at the pain assessment prior to ation of pain medication was TAINS EFFECTIVE PEST	F 469		The state of the s	A Company of the Comp
	The facility must ma control program so and rodents.	aintain an effective pest that the facility is free of pests	* *		Andrew - Andrew State (1984)	A de la caración de l
	by: Based on record re resident rooms and the survey, it was d failed to maintain a	eview and observations in the throughout the facility during etermined that the facility pest control program that cility remained pest free.	Α.			Action to the second se

Findings include:

DEPART	MENT OF HEALTH	AND HUMAN SERVICES				PRINTED: FORM / OMB NO	#PROVED
CENTER	S FOR MEDICARE	& MEDICAID SERVICES				(X3) DATE SU	
TATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI		LE CONSTRUCTION	COMPLET	ED
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F 469	Continued From pa	age 64	F 4	69	F469		
	3:03PM.	n room # 112 on 5/7/12 at		ļ	It is the practice of Delmar Nursing & Center to maintain an effective pest c so that the facility is free of pests and No corrective action can be accomplis	ontrol progra rodents.	m
	near resident R12	9:41AM, a fly was observed			days. Residents of Delmar Nursing & Rehab have the potential to be affected by fl sweeps and weather stripping will be	ilitation Cente lies. Door	*
	5. One fly was ob at 11:55AM.	served in room # 203 on 5/9/12			exterior doors. The Administrator will review the pes		
	6. One fly was obs on 5/16/12 at 12:3	served in the conference room OPM.	***		service log monthly and will address a recommendations immediately.		
	the resident's food	:45 PM a fly was observed near I tray in room #211.			Results of these audits will be forward Quality Assurance Committee for revi Quality Assurance Committee will det	iew. The	
	8. On 5/7/12 at 11 observed in room	:25 AM two (2) flies were #212.			need for further audits.	: 11 - 12 - 14	6/8/2012
		25 AM, two (2) flies were ound the resident in room #				i marijanin (d. 1914). V kazi	
		:50 PM, a fly and gnat were ound the resident's food tray in		•		And the second s	
	vendor covers Cooprograms. The ag	on services agreement with the ckroach and Rodent elimination greement includes a Large Fly anducted on a monthly cycle				The state of the s	

DEPART	MENT OF HEALTH	AND HUMAN SERVICES				FORM A	PROVED 938-0391
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AND PLAN O	FCORRECTION	IDENTIFICATION NUMBER:	A. BU	ILDII	NG		
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F 469	Continued From pa applying Maxima (I 6 stations and 10 e agreement also ha	R) ultra violet light protection at exterior fly bait stations. The	F	46	9		
	(R) glueboards and Nyguard IG (R) col- noted on this visit t dining areas had, " properly - 1/4 inch Install/replace door stripping. Exclusion	dor replaced 4 Stealth Maxima and applied 0.15 gallons of applied 0.15 gallons of applied. The technician that the lobby, hallways, and exit door doesn't close/seal gap or greater exists. It sweep. Install weather an measures here will reduce as entering the area."				A Company of the Comp	
	Demand CS (R) in gallons of Nyguard technician noted of hallways, and dininclose/seal properly exists. Install/replayeather stripping, reduce the number The technician also noted in the kitches area was inspected.	ndor applied 0.25 gallons of secticide and applied 0.15 IG (R) concentrate. The n this visit that the lobby, ag areas had, "exit door doesn't in 1/4 inch gap or greater acce door sweep. Install Exclusion measures here will be of pests entering the area." In noted that small flies were noted that small flies were noted that small flies were noted that small flies were noted that small flies were noted that small flies were noted that small flies were noted that small flies were noted that small flies were noted that small flies were noted that small flies were noted that small flies were noted that small flies were noted that small flies were noted that small flies were noted that small flies were noted that small flies were noted and serviced. Spilled food the floor could attract and be a					
	on 4/10/12, the ve Maxima (R) gluebo of Nyguard IG (R) noted on this visit tareas had, "exit do 1/4 inch gap or gredoor sweep. Instal	g pests. The floor drains of prevent pest breeding sites. Indor replaced 6 Stealth pards and applied 0.15 gallons concentrate. The technician that the lobby and hallway or doesn't close/seal properly pater exists. Install/replace II weather stripping. Exclusion reduce the number of pests				The state of the s	A STATE OF THE STA

	S 15.	AND LILIBAAN SERVICES			PRINTED: 05/31/20 FORM APPROVE	12 ED
DEPARI	MENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES			OMB NO. 0938-039	91
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
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F 469	Maxima (R) gluebo	dor replaced 10 Stealth	F 4	69		
	Suspend SC (R) ir of Maxforce (R) fly of Nyguard IG (R) noted on this visit exterior, and dining close/seal properly exists. Install/repl weather stripping reduce the number the technician als the hallway area.	secticide, applied 10.0 ounces bait, and applied 0.25 gallons concentrate. The technician that the lobby, hallways, g areas had, "exit door doesn't y - 1/4 inch gap or greater ace door sweep. Install Exclusion measures here will or of pests entering the area." so noted that flies were noted in This area was inspected and as were found in the kitchen and				
	3/20/12, 4/10/12, inoted. 5/2/12 indicloset.	log indicated on 3/6/12, and 4/27/12 no sitings were cated a mouse in room #110				
				3		
					A CAN COMPANY TO A CAN CAN CAN CAN CAN CAN CAN CAN CAN C	•



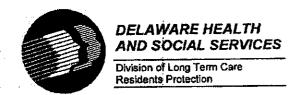
DHSS - DLTCRP 3 Mill Road, Suite 308 Wilmington, Delaware 19806 (302) 577-6661

STATE SURVEY REPORT

Page 1 of 2

DATE SURVEY COMPLETED: May 17, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	
	The State Report incorporates by		
	reference and also cites the findings		
	specified in the Federal Report.		1
	An unannounced annual survey was		
	conducted at this facility from May 7, 2012		ļ. ·
	conducted at this facility from way 7, 2012		i ·
	through May 17, 2012. The deficiencies contained in this report are based on		N.
	observations, interviews, review of		H
	residents' clinical records and review of		
	other facility documentation as indicated.		
	The facility census the first day of the		
	survey was 94. The Stage 2 sample totaled		
	47 residents.	! !	1
	Tresidents.		
	·		
3201	Skilled and Intermediate Care Nursing		
	Facilities	2.75	
****		· · · · · · · · · · · · · · · · · · ·	
3201.1.0	Scope	5	
3201.1.2			
3201.1.2	Nursing facilities shall be subject to all	1	
	applicable local, state and federal code	L. C. C. C. C. C. C. C. C. C. C. C. C. C.	
	requirements. The provisions of 42 CFR		
	Ch. IV Part 483, Subpart B,		
	requirements for Long Term Care		
	Facilities, and any amendments or		
	modifications thereto, are hereby		
	adopted as the regulatory requirements	i i i i i i i i i i i i i i i i i i i	
	for skilled and intermediate care nursing		
	facilities in Delaware. Subpart B of Part	A Control of the Cont	
	483 is hereby referred to, and made part	-	
	of this Regulation, as if fully set out		
	herein. All applicable code requirements		
	of the State Fire Prevention Commission	:	-
	are hereby adopted and incorporated by reference.		
	reicience,	1	
	This requirement is not met as		
	i was reduitement is not include	1	H



DHSS - DLTCRP 3 Mill Road, Suite 308 Wilmington, Delaware 19806 (302) 577-6661

STATE SURVEY REPORT

Page 2 d 2

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTOR DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	
	Cross refer to the CMS 2567-L survey report date completed 5/17/12, F164, F241, F246, F248, F249, F250, F253, F256, F279, F280, F309, F312, F329, F334, F371, F428, F469.		
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			Wilderson of the second
		To be completed 6/16/12	
		F-TAGS-F164, F250,F256,F280,F312,	N
		F334, F371,F241,F246,F248,F253,	
	·	F279,F309,F329,F428,F249,F469	
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